

IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF TEXAS

TEXARKANA DIVISION

VERA EASTER, individually\*

and as Next Friend of \*

JORDAN DELANEY EASTER, \*

a minor, \* CIVIL ACTION NO.:

\* 5:03-CV-141

Plaintiff, \* Jury

v. \* Assigned to Judge Ward

AMERICAN HOME PRODUCTS \*

CORPORATION, d/b/a WYETH, \*

et al., \*

Defendants. \*

\* \* \* \* \*

Videotape deposition of MARK R. GEIER, M.D.,

Ph.D, taken on Friday, November 12, 2004, at

9:52 a.m., at Orrick, Herrington & Sutcliffe,

L.L.P., 3050 K Street, NW, Washington, D.C.,

before Christine Thomas, Notary Public.

\* \* \* \* \*

Reported by: Christine Thomas, RPR

PLAINTIFF'S  
EXHIBIT

A

tabbed

1 presentations that I've given on the subject, and 2 any subsequent depositions given by me on the 3 subject. Do you see that?  4 A. Yes.  5 Q. What does that mean?  6 A. That means that as we've discussed 7 before, I've given you my CV, and my CV contains 8 a number of publications that have to do with 9 thimerosal, and I'm relying on my publications 10 and the references thereto, and I'm also, I've 11 given you whatever I have of the talks that I've 12 given and that discusses also my opinions.  13 Q. Okay.  14 A. If in the future new things happen, and 15 this field is rapidly going, if new things I 16 haven't discussed today come out and it's felt 17 appropriate by both sides, I'll come and tell you 18 about those.  19 Q. Your report itself is 50 pages single 20 spaced; is that correct?  21 A. Yes.	Page 414  1 A. Yes, that's correct. 2 Q. What I want to know is those 129 3 footnotes, is the material that is cited in them 4 the source material provided in the notebooks 5 that you have given us for all 129 sources? 6 A. I think so. And additionally if 7 they're not, they're in the bibliography. 8 Q. Now, in addition to those 129 sources 9 upon which you rely, am I correct that you rely 10 on the information that is contained in your 11 published papers? 12 A. Yes. 13 MR. SMITH-GEORGE: I'm going to object 14 to that question because there are multiple 15 citations to the same documents. It's not 129 16 different sources. There are 129 footnotes. 17 Some of the footnotes cite to the same document. 18 MR. THOMASCH: All right. With that 19 explanation, if counsel has a count of how many 20 different there are, but otherwise we'll just say 21 the number is to be determined.
Page 415  1 Q. Now the version that was provided to me 2 is so faint that in all honesty I cannot read 3 any of the footnote numbers. Can you tell me 4 from looking at page 50 what is the total number 5 of footnotes in the report?  6 A. The footnote there reads 129.  7 Q. And the footnotes appear to uniformly be 8 citations to articles or communications or 9 documents that purport to support statements made 10 in the text; is that correct?  11 A. Generally. I'd have to look to see if 12 we quoted like one of the IOM reports or 13 something, but generally what I was trying to do 14 in this report was give you the basis of my 15 opinions. So yeah, if it wasn't my opinion, then 16 you know, I probably didn't quote it. But there 17 probably are some in here I don't recall.  18 Q. I understand. But as a methodology for 19 preparing the report, you tried to explain the 20 bases for your opinions and then you cited the 21 support upon which you relied in the footnotes?	Page 415  1 Q. Now the version that was provided to me 2 is so faint that in all honesty I cannot read 3 any of the footnote numbers. Can you tell me 4 from looking at page 50 what is the total number 5 of footnotes in the report?  6 A. The footnote there reads 129.  7 Q. And the footnotes appear to uniformly be 8 citations to articles or communications or 9 documents that purport to support statements made 10 in the text; is that correct?  11 A. Generally. I'd have to look to see if 12 we quoted like one of the IOM reports or 13 something, but generally what I was trying to do 14 in this report was give you the basis of my 15 opinions. So yeah, if it wasn't my opinion, then 16 you know, I probably didn't quote it. But there 17 probably are some in here I don't recall.  18 Q. I understand. But as a methodology for 19 preparing the report, you tried to explain the 20 bases for your opinions and then you cited the 21 support upon which you relied in the footnotes?

	Page 418	Page 420
1     Q. You can do it by reference number.		1     Mark Geier and David Geier entitled Thimerosal in
2     A. Okay. No. 65, I believe was the first		2 Childhood Vaccines, Neurodevelopment Disorders,
3 one we ever published directly on thimerosal.		3 and Heart Disease in the United States.
4 No. 66, No. 69, No. 71, No. 72, No. 73, No. 74,		4 (Deposition Exhibit No. 25, article
5 No. 75, to some extent No. 77, No. 78, No. 81,		5 entitled Thimerosal in Childhood Vaccines,
6 No. 82, and No. 85.		6 Neurodevelopment Disorders, and Heart Disease in
7     Q. Can I see the resume, please?		7 the United States, was marked.)
8     A. Sure. Those are the primary ones		8     Q. (BY MR. THOMASCH) Okay. Let me, just
9 anyway. I mean, I've got a lot of things on		9 before you go back to that one, what I need is if
10 vaccines, so if somebody asks me something about		10 you would keep a copy of the IOM report near your
11 another vaccine, I'm not saying I never would say		11 side.
12 anything from the others, but those are		12     A. I have it.
13 primarily, my work on thimerosal.		13     Q. And go back to page 157 where we were at
14         MR. THOMASCH: Mark as our next exhibit		14 before. That's a page I'll ask you to just hold
15 a medical article authored by Mark Geier and		15 open.
16 David Geier entitled Neurodevelopmental Disorders		16     A. Okay. This should be 157. I have
17 After Thimerosal-Containing Vaccines: A Brief		17 trouble seeing the page numbers.
18 Communication.		18     Q. You got it?
19         (Deposition Exhibit No. 24,		19     A. Yes.
20 Neurodevelopmental Disorders After		20     Q. You see the Geier references there?
21 Thimerosal-Containing Vaccines: A Brief		21     A. Yes.
	Page 419	Page 421
1 Communication, was marked.)		1     Q. I want to go back for a moment to the
2     Q. (BY MR. THOMASCH) Do you have Exhibit		2 Exhibit 24, the brief communication exhibit?
3 24?		3     A. Yes.
4     A. Yes, I do.		4     Q. Can you confirm for me that that is the
5     Q. All right. And I believe that matches		5 second one noted which the IOM refers to as
6 up with Exhibit 65, which you said was your first		6 Geier, Geier 2003-B?
7 article, is that correct?		7     A. Yes.
8     A. I lost my CV or you took it.		8     Q. All right. Because are you aware in
9     Q. We only have one so we're at a little		9 the text of the IOM report your studies are
10 bit of a disadvantage, Doctor.		10 discussed and they're discussed with short-hand
11     A. Yes, that's the first one.		11 abbreviations and not the full name, and so when
12     Q. Do you know as you sit here today		12 they're discussing 2003-B, they are discussing
13 whether you submitted that paper to the IOM		13 what we've marked as Exhibit 24, correct?
14 committee?		14     A. Correct.
15     A. I'm sure we did.		15     Q. All right. Now Exhibit 25, which is
16     Q. All right.		16 the article captioned Thimerosal in Childhood
17     A. I can't have a specific recollection,		17 Vaccines, Neurodevelopment Disorders, and Heart
18 but since it's our first paper on the topic and		18 Disease in the United States, that one is 2003-D
19 it's in a major journal, I'm sure I did.		19 in the IOM report; is that correct?
20         MR. THOMASCH: May I have the reporter		20     A. That's correct.
21 mark as Exhibit 25 another article authored by		21     Q. All right. And so that was also

<p style="text-align: right;">Page 410</p> <p>1 A. Probably.</p> <p>2 Q. Are you familiar with a paper by</p> <p>3 Dr. Hibbett?</p> <p>4 A. Yes.</p> <p>5 Q. Did you hear Dr. Hibbett testify at the</p> <p>6 IOM?</p> <p>7 A. Yes. By the way, I don't think it's a</p> <p>8 doctor.</p> <p>9 Q. All right. Did you hear Mr. Hibbett</p> <p>10 testify about his --</p> <p>11 A. Yes, I did.</p> <p>12 Q. Did you disagree with the conclusions he</p> <p>13 reached?</p> <p>14 A. Yes, and he has a tremendous conflict of</p> <p>15 interest.</p> <p>16 Q. And does that conflict of interest</p> <p>17 indicate to you that his study was unreliable?</p> <p>18 A. Yes, I think his study's unreliable, I</p> <p>19 think his methodology is unreliable. I think in</p> <p>20 addition, even if you discount everything I just</p> <p>21 said, that study has no relevance to the United</p>	<p style="text-align: right;">Page 412</p> <p>1 Q. Does that level of exposure to</p> <p>2 thimerosal constitute an increased risk of autism</p> <p>3 or neurodevelopmental delay in your mind?</p> <p>4 A. Probably, but it's the level that we</p> <p>5 gave before 1990, and it was a time when we had</p> <p>6 too much autism but it was not epidemic. So the</p> <p>7 question is what caused the massive epidemic that</p> <p>8 began in 1990, 19991, and their study, even if it</p> <p>9 were perfectly accurate, has nothing to say about</p> <p>10 that because we went up to close to 300 and our</p> <p>11 autism rate went -- we had almost the same rate</p> <p>12 they did, about 1 in 2,500, when we gave the</p> <p>13 same amount they did, coincidentally, and when we</p> <p>14 went up, we went from one in 2,500 to 1 in 166,</p> <p>15 if you like the FDA's number, 1 in 150 if you</p> <p>16 like other people's numbers, and maybe even as</p> <p>17 high as 1 in 40, depending on whose numbers you</p> <p>18 like. That's what I'm complaining about and</p> <p>19 that's what caused all this additional research.</p> <p>20 So for him to say he didn't see a decline from 1</p> <p>21 in 2500, I hope we go back to 1 in 2,500. He has</p>
<p style="text-align: right;">Page 411</p> <p>1 States. That country was using less thimerosal</p> <p>2 than we did before we had the epidemic. I can</p> <p>3 assure you that if we had the same rates as they</p> <p>4 did before the epidemic, I wouldn't be here. So</p> <p>5 what he's saying is, even if you accept it, they</p> <p>6 didn't have an epidemic, and by the way they made</p> <p>7 it illegal in that country, and the small number</p> <p>8 of background they saw didn't go down. I think</p> <p>9 it probably did go down, but I don't want to</p> <p>10 argue about it because it's not relevant to those</p> <p>11 of us that have a country-threatening epidemic.</p> <p>12 Q. During the time period that vaccines</p> <p>13 containing thimerosal were distributed in Sweden</p> <p>14 or Denmark, do you have an understanding as to</p> <p>15 what the maximum amount of thimerosal a child</p> <p>16 could have received who, provided by the</p> <p>17 recommended vaccine schedule?</p> <p>18 A. Yes.</p> <p>19 Q. How much?</p> <p>20 A. In one of the countries it was 75 and</p> <p>21 the other was 125.</p>	<p style="text-align: right;">Page 413</p> <p>1 nothing to say. That study has no relevance to</p> <p>2 the situation here.</p> <p>3 Q. Is it methodologically flawed?</p> <p>4 A. Yes.</p> <p>5 Q. Are you prepared to say that at trial?</p> <p>6 A. Absolutely.</p> <p>7 Q. Would you prepared to explain the</p> <p>8 methodological flaws if we had more time today?</p> <p>9 A. Sure.</p> <p>10 Q. All right. Do you have your expert</p> <p>11 report in front of you?</p> <p>12 A. Yes, sir.</p> <p>13 Q. All right. And the cover letter it</p> <p>14 begins at, says, enclosed please find a copy of</p> <p>15 my report containing my opinions regarding the</p> <p>16 capability of the mercury in thimerosal to cause</p> <p>17 neurologic damage in infants who have received</p> <p>18 vaccines. Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. The next sentence says, this information</p> <p>21 is supplemented by my published papers, the</p>

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1 presentations that I've given on the subject, and  
2 any subsequent depositions given by me on the  
3 subject. Do you see that?

4 A. Yes.

5 Q. What does that mean?

6 A. That means that as we've discussed  
7 before, I've given you my CV, and my CV contains  
8 a number of publications that have to do with  
9 thimerosal, and I'm relying on my publications  
10 and the references thereto, and I'm also, I've  
11 given you whatever I have of the talks that I've  
12 given and that discusses also my opinions.

13 Q. Okay.

14 A. If in the future new things happen, and  
15 this field is rapidly going, if new things I  
16 haven't discussed today come out and it's felt  
17 appropriate by both sides, I'll come and tell you  
18 about those.

19 Q. Your report itself is 50 pages single  
20 spaced; is that correct?

21 A. Yes.

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1 A. Yes, that's correct.  
2 Q. What I want to know is those 129  
3 footnotes, is the material that is cited in them  
4 the source material provided in the notebooks  
5 that you have given us for all 129 sources?

6 A. I think so. And additionally if  
7 they're not, they're in the bibliography.  
8 Q. Now, in addition to those 129 sources  
9 upon which you rely, am I correct that you rely  
10 on the information that is contained in your  
11 published papers?

12 A. Yes.

13 MR. SMITH-GEORGE: I'm going to object  
14 to that question because there are multiple  
15 citations to the same documents. It's not 129  
16 different sources. There are 129 footnotes.  
17 Some of the footnotes cite to the same document.

18 MR. THOMASCH: All right. With that  
19 explanation, if counsel has a count of how many  
20 different there are, but otherwise we'll just say  
21 the number is to be determined.

Page 415

1 Q. Now the version that was provided to me  
2 is so faint that in all honesty I cannot read  
3 any of the footnote numbers. Can you tell me  
4 from looking at page 50 what is the total number  
5 of footnotes in the report?

6 A. The footnote there reads 129.

7 Q. And the footnotes appear to uniformly be  
8 citations to articles or communications or  
9 documents that purport to support statements made  
10 in the text; is that correct?

11 A. Generally. I'd have to look to see if  
12 we quoted like one of the IOM reports or  
13 something, but generally what I was trying to do  
14 in this report was give you the basis of my  
15 opinions. So yeah, if it wasn't my opinion, then  
16 you know, I probably didn't quote it. But there  
17 probably are some in here I don't recall.

18 Q. I understand. But as a methodology for  
19 preparing the report, you tried to explain the  
20 bases for your opinions and then you cited the  
21 support upon which you relied in the footnotes?

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1 MR. SMITH-GEORGE: That would be fine.  
2 I just didn't want to leave the impression there  
3 were 129 different sources.

4 Q. (BY MR. THOMASCH) Do you have a copy  
5 of your resume in front of you, sir?  
6 A. There's one in here somewhere.  
7 Q. I need you to do this is a little  
8 slowly for me and for the court reporter, who's  
9 heroic but human, that is to flip to the  
10 publications. What I want to do is identify out  
11 of your resume the particular papers that would  
12 then fit into the description in the cover letter  
13 to your expert report, which says the information  
14 is supplemented by my published papers. So as I  
15 understand it it means that you are prepared to  
16 rely as a basis for your opinions on that which  
17 is in the published papers, correct?

18 A. Yes.

19 Q. Okay. Which published papers?

20 A. Well, the primary ones that address  
21 thimerosal, the thimerosal issue are --

1 P R O C E E D I N G S  
2 -----

3 MR. SMITH-GEORGE: We're here at the  
4 deposition of Dr. Mark Geier, yesterday morning  
5 there was a subpoena duces tecum filed in this  
6 case, we filed an objection to it. I'd mark the  
7 objection as the first exhibit to the deposition.  
8 Despite the fact we objected to the subpoena, we  
9 have produced documents here, and I wanted to  
10 catalog for the record what those documents are.

11 First, we have a packet of documents,  
12 starts with a letter dated November 9th, 2004  
13 from Monica Furino to -- I'm sorry. Here it is,  
14 from Monica Furino to Dr. Mark Geier, it's dated  
15 November 2nd, 2004, which enclosed the medical  
16 records pertaining to Jordan Easter. Dr. Geier  
17 is not here to offer specific opinions about the  
18 Easter case, but he requested to see the records  
19 so we sent them to him.

20 We then have three pages which  
21 consist of Dr. Geier's billing records in this

Page 6

Page 8

1 presented to the -- by the CDC.

2 We then have a second Thimerosal  
3 Notebook No. 2, it encloses a series of different  
4 medical articles. We have Thimerosal Notebook  
5 No. 3, which again has a series of medical  
6 articles. We have somewhere here -- do you know  
7 where No. 4 is.

8 THE DEPONENT: No, but it's one of  
9 those. That's No. 5.

10 MR. SMITH-GEORGE: Oh, yeah. We have  
11 Thimerosal Notebook No. 4, again contains more  
12 articles. Thimerosal Notebook No. 5, which also  
13 contains a series of medical articles. Is that  
14 five the max?

15 THE DEPONENT: Actually, there's a  
16 list right there. I tried to catalog what we're  
17 doing.

18 MR. SMITH-GEORGE: So there's a  
19 Mercury Notebook No. 1, that is this one. That  
20 again contains some medical articles.

21 MR. THOMASCH: Is there an

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Page 9

1 case. We then have a packet of 40 or so pages,  
2 which is a series of e-mails between Dr. Geier  
3 and the attorneys at Waters & Kraus and myself.

4 We then have a stack, which is about  
5 six inches, seven inches thick, which is the  
6 various generations of his report, beginning with  
7 a letter from Dr. Geier to Senator John Kerry  
8 dated September 26th, 2004, which was the genesis  
9 of the report. Although, we don't think that all  
10 of the accompanying documents constitute drafts,  
11 in the abundance of precaution we had the doctor  
12 print out whatever he had related to his reports,  
13 hence this stack.

14 We then have an e-mail from Robert  
15 Bodily to Mr. Waters and myself attaching some  
16 various reporting that Dr. Geier has reviewed.

17 We then have a series of notebooks,  
18 the first notebook is entitled Thimerosal  
19 Notebook No. 1, which contains the Simpsonwood  
20 presentation transcript, as well as various  
21 medical articles, Power Points that were

1 identification on each of these binders that  
2 matches what you're now saying?

3 MR. SMITH-GEORGE: Yeah.

4 MR. THOMASCH: Okay. Thank you.

5 MR. EVALL: What did you say that  
6 contains?

7 MR. SMITH-GEORGE: That was Mercury  
8 Notebook No. 1. Then we have a series of DPT  
9 notebooks. One and two are in the same volume,  
10 three and four in the same volume, five and six  
11 in the same volume. Then there's a volume seven.  
12 We have an Autism Epidemic Notebook No. 1. A  
13 publicity notebook. And is that related to the

14 1970 --

15 THE DEPONENT: Yes.

16 MR. SMITH-GEORGE: Related to

17 Dr. Geier's work in the early 1970 --

18 MS. OWENS: Publicity?

19 MR. SMITH-GEORGE: Correct.

20 Newspaper clippings and accolades he received for  
21 his early genetic work. Then we have a CDC

	Page 430	Page 432
1	MR. SMITH-GEORGE: Which is what?	1 Education database, on the VSD reanalysis of
2	MR. THOMASCH: One of his articles.	2 Verstraeten's work, on the biological
3	Q. (BY MR. THOMASCH) Going to show you	3 plausibility. It just sounds nice, they pick on
4	what is a copy of Exhibit 18. That should be	4 the one they want to pick on, but it's not
5	No. 74.	5 correct, and it's also not uninterpretable. I
6	A. I found 18, he found 18.	6 mean, all the peer reviewers were able to
7	Q. No. 74 on your resume?	7 interpret it from all those different journals.
8	A. Yes.	8 Q. If we were to take time to discuss
9	Q. And at page 157 of the IOM report is	9 those studies today, do you believe you could
10	that referred to as Geier and Geier 2004-A?	10 interpret them in a way that would be
11	A. Yes.	11 understandable?
12	Q. And that also refers to your analysis of	12 A. Yeah, as I said, they were all
13	the VAERS database; is that right?	13 submitted, they all went through peer review,
14	A. Yes.	14 some of them were in some of the world's leading
15	Q. Now, if you look at the IOM report at	15 journals. The reviewers understood them. It's a
16	page 58.	16 shame these guys don't. The IOM was only
17	A. Okay.	17 epidemiology so just ignore anything but
18	Q. Do you see a section called studies of	18 epidemiology.
19	passive reporting data?	19 Q. These are epidemiological studies or
20	A. Yes.	20 purport to be; do they not?
21	Q. That includes, indeed this section is	21 A. The study part is but the discussions
	Page 431	Page 433
1	1 pages -- from page 58 through the bottom of page	1 and the literature is not.
2	2 62 is, deals primarily with a discussion and	2 Q. Let me take you over to page 62, in the
3	3 analysis of various papers that you and David	3 third paragraph it begins, the articles also lack
4	4 Geier have coauthored pertaining to the VAERS	4 a complete and transparent description of their
5	5 database, correct?	5 methods and underlying data, making it difficult
6	A. Yes.	6 to confirm or evaluate their findings. Did you
7	Q. Including the articles that have been	7 understand that to be the view of the IOM?
8	8 identified as 2003-A, B, C and D; is that also	8 A. Yeah.
9	9 correct?	9 Q. And in the fourth paragraph they
10	A. Yes.	10 indicate that the results of their studies,
11	Q. At page 61 of the report in the first	11 meaning Dr. Geier and Mr. Geier, are likewise
12	12 full paragraph it states in the first sentence,	12 improbable. Do you see that?
13	13 and this is in reference to studies 2003-A, B and	13 A. Yes.
14	14 D, quote, these three studies have serious	14 MR. THOMASCH: All right. Those are all
15	15 methodological limitations that make their	15 matters upon which I have a very significant
16	16 results uninterpretable. Do you see that?	16 number of questions, none of which can be asked
17	A. Yes.	17 today because of the time constraints. I have
18	Q. Do you disagree with that statement?	18 indicated to counsel for some of our
19	A. Yeah, in fact it's not even accurate,	19 co-defendants that I would stop questioning no
20	20 that is, we relied not only on the VAERS	20 matter how far short I was of finishing so they
21	21 database, we relied on the Department of	21 could ask a few questions before the day is out,

1 Vaccine Compensation Act.  2 Q. And who will be paying those expenses? 3 A. There's an omnibus group that 4 represents the people that filed, there's a 5 group -- it's my understanding there's a group of 6 attorneys that together are doing discovery. And 7 they're authorized to have some experts help 8 them. And so since we have permission to go to 9 the VSD and since it costs, I don't know, \$3,000 10 a day, they've agreed to pay our expense money to 11 go and do that.  12 Q. Have any of those payments occurred to 13 date?  14 A. No, I don't think so. Maybe there was 15 one that was made, I'm not sure.  16 MR. THOMASCH: All right. Might be a 17 convenient time for a break. We haven't had one 18 this morning.  19 THE VIDEOGRAPHER: Time now is 12:07. 20 We are off the record.  21 (A recess was taken from 12:07 p.m.)	Page 142  1 marked as Exhibit 11? 2 A. I believe I've seen this or something 3 similar to this before. 4 Q. Are you familiar with an organization 5 called the World Health Organization? 6 A. Yes. 7 Q. What is it? 8 A. It's a branch of the United Nations 9 that does, among other things, vaccines for third 10 world mostly. Has as its most famous 11 accomplishment wiping out smallpox from the face 12 of the earth. 13 Q. Through vaccinations? 14 A. For which I applaud. 15 Q. Through vaccinations? 16 A. Through vaccinations. 17 Q. The document seems to be captioned 18 Statement on Thimerosal and dated August 2003, 19 correct? 20 A. Yes. 21 Q. It refers to the Global Advisory
Page 143  1 to 12:21 p.m.)  2 THE VIDEOGRAPHER: The time now is 3 12:21. We are now back on the record.  4 MR. THOMASCH: I'll ask the reporter to 5 mark as our next exhibit a statement on 6 thimerosal at the World Health Organization 7 dated August 2003.  8 (Deposition Exhibit No. 11, statement on 9 thimerosal at the World Health Organization dated 10 August 2003, was marked.)  11 Q. (BY MR. THOMASCH) Dr. Geier, I'm going 12 to show you what has been marked as Exhibit 11, I 13 ask you to take a look at that. Have you had a 14 chance --  15 A. I believe I've seen it before.  16 Q. You've done certain searches of the 17 worldwide medical literature on thimerosal; is 18 that correct?  19 A. Yes.  20 Q. As a consequence of any of those 21 searches, have you previously seen what has been	Page 145  1 Committee on Vaccine Safety. Have you ever heard 2 of that organization? 3 A. Vaguely. 4 Q. Do you have some sense of what they do? 5 A. They advise on vaccine policy mostly 6 for the third world. 7 Q. And advise the World Health 8 Organization? 9 A. Yes. 10 Q. The first sentence of the text of the 11 document, under the bolded captioned material, 12 states, in 1999, concerns were raised in the 13 United States about exposure to mercury following 14 immunization, do you see that? 15 A. Yes. 16 Q. Do you agree with that statement? 17 A. Yes. 18 Q. Have you reviewed the second paragraph 19 of this document with regard to data that was 20 presented to the Global Advisory Committee on 21 Vaccine Safety in June 2002?

	Page 146	Page 148
1 A. Yes.		1 there are numerous things wrong with it. First
2 Q. Did you per chance attend that		2 of all --
3 presentation?		3 Q. Are they captured in your report?
4 A. No.		4 A. Yes.
5 Q. Are you familiar with what data was		5 Q. Then I'll hold off for the moment.
6 presented to the Global Advisory Committee on		6 A. Sure.
7 Vaccine Safety in June of 2002?		7 Q. It also indicates that two
8 A. No.		8 independently conducted epidemiological studies
9 Q. Do you see in the text of Exhibit 11		9 have been conducted in the United Kingdom. Do
10 that it indicates that such data, quote, indicate		10 you see that?
11 that the pharmacokinetic profile of ethylmercury		11 A. Yes.
12 is substantially different from that of		12 Q. Do you know what that's relating to?
13 methylmercury. Do you see those words?		13 A. I believe that's Elizabeth Miller's
14 A. Yes.		14 work.
15 Q. Do you understand the term		15 Q. All right. And the second paragraph of
16 pharmacokinetic profile?		16 Exhibit 11 concludes with a statement by the
17 A. Yes.		17 World Health Organization, quote, these studies
18 Q. Do you understand there are differences		18 further support the safety of
19 between ethylmercury and methylmercury?		19 thimerosal-containing vaccines in infants in the
20 A. Yes.		20 amounts used in existing vaccines. Did I read
21 Q. Are the subjects, the pharmacokinetic		21 that correctly?
	Page 147	Page 149
1 profile of ethylmercury and the pharmacokinetic		1 A. Yes.
2 profile of methylmercury, within the scope of the		2 Q. Do you agree with that statement?
3 matters on which you expect to testify in this		3 A. No.
4 case?		4 Q. Do you believe that that conclusion of
5 A. Yes.		5 the Global Advisory Committee on Vaccine Safety
6 Q. It indicates further, quote, the		6 of the World Health Organization was come to
7 half-life of ethylmercury is short (less than one		7 honestly by that group?
8 week) compared to methylmercury (1.5 months),		8 A. No.
9 making exposure to ethylmercury in blood		9 Q. What do you believe accounts for the --
10 comparatively brief. Did I read that correctly?		10 withdrawn. You disagree with the conclusion and
11 A. Yes.		11 believe it's wrong, correct?
12 Q. Do you agree with that sentence?		12 A. I believe it's wrong.
13 A. No.		13 Q. And you don't believe it was honestly
14 Q. Can you tell me as succinctly as		14 come by; correct?
15 possible what references or authority you base		15 A. That's correct.
16 your disagreement with that sentence on?		16 Q. What do you believe has provoked the
17 A. I think in my report I have a whole		17 Global Advisory Committee on Vaccine Safety to
18 section that discusses the similarities between		18 have dishonestly concluded that studies further
19 ethylmercury and methylmercury. This is one of		19 support the safety of thimerosal-containing
20 the indefensible defense points that has been		20 vaccines?
21 raised against the thimerosal issue. First --		21 A. That they've been giving and poisoning

1 children, either knowingly or unknowingly, for a 2 long time, that makes it really hard to admit 3 that you're wrong. Also their whole policy as 4 I've discussed in numerous articles, many of 5 which we've put in our report, their policy 6 requires thimerosal be maintained in the 7 vaccines they feel because of lack of 8 refrigeration for the third world.  9 They additionally have put out a memo 10 signed off by our boys at the CDC, including Dr. 11 Chen, that not only do they need thimerosal in 12 third world vaccines, they need to strongly 13 advocate that we continued to keep it in our 14 vaccines, because if we don't have it in our 15 vaccines, the third world is going to refuse to 16 take it. Therefore they're willing to damage 17 American children in order to help the third 18 world. And incidentally, I'm strongly third 19 world. I would be willing to, if I had my power, 20 I would give U.S. money to help them with their 21 vaccine program. But I will not, would not	Page 150  1 the GACVS concluded that the latest 2 pharmacokinetic and developmental studies do not 3 support concerns over safety of thimerosal 4 (ethylmercury) in vaccines. Do you see that? 5 A. Yes. 6 Q. And the GACVS is the Global Advisory 7 Committee on Vaccine Safety, correct? 8 A. Yes. 9 Q. Am I correct that you disagree with 10 their conclusion that the latest pharmacokinetic 11 and developmental studies do not support 12 concerns over the safety of thimerosal in 13 vaccines? 14 A. I disagree. 15 Q. Do you believe that the opinion that 16 they reached, the conclusion that they reached in 17 that regard was honestly come by? 18 A. No. 19 Q. Is it my understanding that you believe 20 that they know and understand these statements to 21 be false?
Page 151  1 approve damaging U.S. children to help them. 2 Q. All right, we're running astray. 3 A. Well, you asked me why they had reason 4 to give incorrect information. I gave you some 5 of it.  6 MR. ELLIOTT: Object to the 7 responsiveness.  8 Q. (BY MR. THOMASCH) Let me take you to 9 the third paragraph which indicates that the 10 Global Advisory Committee on Vaccine Safety 11 reviewed certain pharmacokinetic study data on 12 June 11th and 12th of 2003; do you see that? 13 A. Yes.  14 Q. Were you at that meeting where such 15 data was presented? 16 A. No.  17 Q. Are you aware of what data was 18 presented? 19 A. Yes.  20 Q. In the 4th paragraph it states, in the 21 first sentence, on the basis of the foregoing,	Page 153  1 A. Yes. False in the sense that they were 2 justified by saying that their vaccines in the 3 third world do more good than harm and they 4 can't admit the harm or perhaps the good would be 5 undone, but they are false.  6 Q. I'm not -- 7 A. And they know they're false.  8 Q. I'm not asking about policy 9 ramifications or whether it's justifiable to be 10 inaccurate. You're stating that the conclusions 11 are inaccurate, correct?  12 A. Yes.  13 Q. And that the World Health Organization's 14 Global Advisory Committee on Vaccine Safety knows 15 that to be the case and is saying it anyway?  16 A. That's my opinion. Obviously I can't be 17 in their head. But it's my opinion that they're 18 saying it anyway, that's correct.  19 Q. Do you have an opinion as to whether 20 any part of the World Health -- withdrawn. So in 21 layman's terms, the Global Advisory Committee on

<p style="text-align: right;">Page 154</p> <p>1 Vaccine Safety is deceiving anyone in the public      2 that reads this statement; is that correct?      3 A. Yes.      4 Q. And you have explained some of the      5 reasons that you think they might be, in their      6 mind, justifying that deception; is that correct?      7 A. Yes.      8 Q. Do you have any opinion that there was      9 anything done by any of the vaccine      10 manufacturers to provoke this public deception      11 that you testified to?      12 A. Yes.      13 Q. And what if anything do you suggest or      14 opine that vaccine defendants did to provoke      15 this public deception?      16 A. The World Health Organization, our CDC,      17 and the vaccine manufacturers are all members of      18 the Brighton Collaboration, into which pours      19 enormous amounts of money, some from the CDC,      20 largely from the drug companies, and that      21 Brighton Collaboration is set up to control and</p>	<p style="text-align: right;">Page 156</p> <p>1 your understanding of what the Brighton      2 Collaboration is?      3 A. It's a corporation, I don't have it in      4 front of me exactly, I'm not a legal thing, I      5 forgot the name of the type of corporation, but      6 it's a nongovernmental corporation which exists      7 physically inside of the CDC's location in their      8 building in Atlanta, Georgia, which has meetings      9 all over Europe and they have posted on their      10 website results of the meetings and they have      11 people -- they set up committees to define      12 vaccine -- well, I'd say the reactions but that's      13 not really true. It started out reactions, then      14 it was adverse events, and now it's just events.      15 Pretty soon it won't be anything.      16 But in any case, they have meetings with      17 and they use drug company people and vaccine      18 producing people to help define what is and isn't      19 a reaction, and therefore will control in their      20 plan which things are considered to be related to      21 vaccines, and a whole vaccine policy is</p>
<p style="text-align: right;">Page 155</p> <p>1 define vaccine adverse reactions and to control      2 basically how vaccines are going to be used, and      3 I believe that they're heavily influenced by the      4 fact that they're funded and the fact that the      5 members on that group are members of the vaccine      6 producers, and that's not the only place, but      7 that's the place where the World Health      8 Organization is so heavily involved. I believe      9 they feel that they rely on the manufacturers for      10 their money and I don't think it would be looked      11 very favorable if they came up with something      12 that was very damaging to the companies.      13 So I think that those that are supposed      14 to be advising and those who are supposed to be      15 regulating are in bed with those who are being      16 regulated and taking money from those who are      17 being regulated, and that has an appearance of      18 conflict of interest, and appearance is enough.      19 We can't have appearance of conflict of interest      20 in our vaccines and that's what's happening here.      21 Q. Okay. Could you briefly explain to me</p>	<p style="text-align: right;">Page 157</p> <p>1 controlled by that group. And it's an unethical      2 organization. The people from CDC can't take      3 money and they do take money. In fact, they take      4 salaries from this organization which is funded      5 by the drug company. They cannot take money from      6 those who they are supposed to regulate. Even if      7 it doesn't affect their opinion, it looks like it      8 affects their opinion, and there's very good      9 precedent that conflict of interest can't even      10 look like conflict of interest.      11 Q. Okay. I want to take you back now to      12 Exhibit 11 and the specific motivation for      13 deceiving the public in regard to the Global      14 Advisory Committee on Vaccine Safety's August      15 2003 statement, all right?      16 A. Okay.      17 Q. As I understand part of what you've      18 said, the World Health Organization is part of      19 this Brighton Collaboration. It received -- that      20 collaboration receives funding from      21 pharmaceutical companies and the World Health</p>

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1 Organization has an interest in maintaining that  
2 funding level; is that correct?

3 A. Yes, and the cooperation of all the  
4 people involved.

5 Q. I further thought I heard you indicate,  
6 correct me if I'm wrong, that the World Health  
7 Organization may well be concerned that if they  
8 were to take a position contrary to what's set  
9 forth in this statement, that might affect the  
10 funding?

11 A. Yes.

12 Q. Is it your statement that -- is it your  
13 opinion that the pharmaceutical companies have  
14 purposefully attempted to cause the World Health  
15 Organization to deceive the public through its  
16 funding?

17 A. Yes. I think this is a crucial issue to  
18 the vaccine companies. Their very existence is  
19 on the line potentially, and I think they're  
20 using their money to influence positions of these  
21 organizations.

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1 Q. So in your opinion the matter is not  
2 simply an appearance of a conflict of interest,  
3 but it is actually a conflict of interest, right?

4 A. Yes.

5 Q. And by conflict of interest, you are  
6 saying that the pharmaceutical companies involved  
7 in the manufacture of childhood vaccines have  
8 made payments to the World Health Organization  
9 for the purpose of having the World Health  
10 Organization issue deceptive and false statements  
11 about the safety of thimerosal in vaccines; is  
12 that correct?

13 A. Well, you went further than I went. I  
14 didn't say that. I said that the pharmaceutical  
15 companies and the vaccine manufacturers were  
16 making payments to the Brighton organization, and  
17 the Brighton organization is attempting to limit  
18 the damage to -- with this, I don't know  
19 specifically if any pharmaceutical company said  
20 here's a payment for you to do this specific  
21 thing, but I think it's fairly well understood

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1 that if you're heavily funded by companies and  
2 there's something really bad for those companies  
3 happening and you come out and you make a  
4 statement like this, you know, saying that the  
5 literature supports when, they quote like three  
6 papers and there are thousands of papers on the  
7 other side, it's very obvious that they're being  
8 influenced.

9 Q. All right. The conclusion is set forth  
10 in bold under the caption, correct, the  
11 conclusion in this document by the World Health  
12 Organization is, and I quote, the Global Advisory  
13 Committee on Vaccine Safety concludes that there  
14 is no evidence of toxicity in infants, children,  
15 or adults exposed to thimerosal (containing  
16 ethylmercury) in vaccines?

17 A. And that's a false statement by  
18 anybody's position. Because it says -- it  
19 doesn't say they didn't believe the other  
20 evidence. It says there is no evidence, implying  
21 that there aren't these articles. And you can

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1 look at the articles and they're there. You can  
2 say, well, I'm not convinced by the articles.  
3 But this statement is on its face *prima facie*  
4 false. There are articles throughout the  
5 literature from big name people around this  
6 country and around the world, numerous articles  
7 that make this false.

8 Q. Right. Let's just take this in bite  
9 size increments if we can.

10 A. Okay.

11 Q. You would agree that the bolded  
12 statement that I just read into the record was  
13 accurately read and constitutes the conclusion of  
14 the World Health Organization; correct?

15 A. Yes.

16 Q. And you would state that that is  
17 objectively false; is that right?

18 A. Yes. No one would agree with that  
19 statement or that it was objective.

20 Q. And I understand it to be your opinion  
21 that Global Advisory Committee on Vaccine Safety

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1 knows that statement to be false, correct?

2 A. Sure. Those articles can be found in  
3 ten seconds on PubMed.

4 Q. Is it your testimony that in your  
5 opinion that the pharmaceutical companies that  
6 manufacture childhood vaccines containing  
7 thimerosal know that statement to be false?

8 A. Yes.

9 Q. And is it your testimony that the  
10 pharmaceutical companies have funded the Brighton  
11 Collaboration in part to produce statements from  
12 the World Health Organization that falsely state  
13 that thimerosal-containing vaccines are safe?

14 A. It's a little stronger than what I  
15 would say. They funded the Brighton organization  
16 to limit the damage to the vaccine program and to  
17 themselves by involving and funding World Health  
18 Organization and CDC individuals and other  
19 researchers around the world to try to limit the  
20 damage.

21 Q. Do you believe there's an agreement or

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1 A. I don't have a written agreement. I  
2 can't know what's in a verbal agreement. All I  
3 know is that they're funded by the companies and  
4 they've taken an obviously objectively false  
5 position that favors the companies.

6 Q. I'm not asking you now about the  
7 evidence you have to support it but whether or  
8 not you hold the opinion that this is in fact a  
9 conspiracy, among others, between the  
10 pharmaceutical companies and the World Health  
11 Organization to deceive the public. Is that your  
12 opinion?

13 A. I'm not sure what you mean by  
14 conspiracy. I believe that --

15 Q. An agreement or understanding between  
16 the parties to consciously deceive the public by  
17 issuing false statements about the alleged safety  
18 of thimerosal when both parties know that to be  
19 false in your opinion?

20 A. Yes.

21 Q. That is your testimony?

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1 understanding between the pharmaceutical  
2 companies and the World Health Organization that  
3 this is the goal, the goal being to deceive  
4 people into believing there is no danger when in  
5 fact there is in your opinion?

6 A. I would put it on their behalf that the  
7 goal is to limit people's concerns about  
8 vaccines so they can continue the programs. And  
9 that involves -- if that involves fooling them  
10 and slightly modifying and lying about the data,  
11 yeah, that's fine.

12 Q. It's more than slightly modifying.  
13 You're testifying to a belief that this is  
14 objectively false and they know it to be so;  
15 correct?

16 A. Yes, and it is.

17 Q. Is this statement in your opinion the  
18 product of a conspiracy or a joint agreement or  
19 understanding between any pharmaceutical  
20 companies that manufacture vaccines and the  
21 World Health Organization?

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1 A. Yes.

2 MR. THOMASCH: Let me ask the reporter  
3 to mark as Exhibit 12 a document entitled "What  
4 Parents Should Know About Thimerosal," from the  
5 American Academy of Pediatrics.

6 (Deposition Exhibit No. 12, What  
7 Parents Should Know About Thimerosal, was  
8 marked.)

9 Q. (BY MR. THOMASCH) I'm going to show the  
10 witness what has been marked as Exhibit 12 for  
11 identification. I don't need you to read through  
12 this full document, but just in a sense eyeball  
13 it to see if you recognize this. And even before  
14 that let me ask you, Dr. Geier, do you see that  
15 the document is captioned What Parents Should  
16 Know About Thimerosal from the American Academy  
17 of Pediatrics?

18 A. Yes, I do.

19 Q. Do you recognize the entity the  
20 American Academy of Pediatrics?

21 A. Yes.

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1 Q. What is it?  
2 A. It's the academy that board-certifies  
3 pediatricians in the United States.  
4 Q. Okay. Do they have a publication?  
5 A. Yes, Pediatrics. They have a journal,  
6 Pediatrics.  
7 Q. All right. Do they also issue the red  
8 book?  
9 A. I think one of their committees does,  
10 the advisory committee does, yes.  
11 Q. Committee on immunization practices?  
12 A. Yes.  
13 Q. And does that give guidelines for  
14 vaccination practices in the United States?  
15 A. Yes.  
16 Q. Are you aware that the American Academy  
17 of Pediatrics has a website?  
18 A. Yes.  
19 Q. Do you see that this document appears to  
20 be from that website?  
21 A. Yes.

1 between thimerosal in vaccines and autistic  
2 spectrum disorder, period. Did I read that  
3 correctly?  
4 A. Yes, sir.  
5 Q. Is that statement true in your opinion?  
6 A. No.  
7 Q. Do you believe that statement is  
8 objectively false?  
9 A. Yes.  
10 Q. Do you believe that the American  
11 Academy of Pediatrics honestly believes that  
12 statement?  
13 A. No.  
14 Q. Do you believe that in issuing this  
15 statement and putting it out on its public  
16 website, the American Academy of Pediatrics is  
17 attempting to dishonestly deceive the American  
18 public with regard to whether or not thimerosal  
19 causes autism?  
20 A. Yes.  
21 Q. Do you believe that they have done that

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1 Q. It's dated 11-11-2004 on the date it  
2 was printed off the website. Do you see that at  
3 the bottom of both pages?  
4 A. Yes, I see that.  
5 Q. If you return to the second page in the  
6 text it says, copyright 2002 by the American  
7 Academy of Pediatrics; revised August 2004. Do  
8 you see that?  
9 A. Yes.  
10 Q. So do you understand this to be a  
11 statement of the American Academy of Pediatrics  
12 that was revised in 2004 and remains publicly  
13 available today on the website of the American  
14 Academy of Pediatrics?  
15 A. Yes.  
16 Q. I just want to take you down to the  
17 second heading on the document entitled does  
18 thimerosal cause autism? Do you see that?  
19 A. Yes.  
20 Q. The first sentence states, and I quote,  
21 there are no valid studies that show a link

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1 as part of any understanding or agreement with  
2 any vaccine manufacturer?  
3 A. I believe they are largely funded by  
4 vaccine manufacturers.  
5 Q. Do you believe that accounts for the  
6 reason they would publicly deceive the U.S.  
7 public regarding the question of whether  
8 thimerosal causes autism?  
9 A. I think it's only one of the reasons.  
10 There are a number of others. Did you want me to  
11 go into them?  
12 Q. No, I want to know whether you think  
13 one of the reasons is because they are provoked  
14 to do so by funding from the vaccine  
15 manufacturers?  
16 A. Yes, I think that's one of the reasons.  
17 Q. Do you believe the vaccine  
18 manufacturers are aware of the deceptive nature  
19 of this statement?  
20 A. Yes.  
21 Q. Do you believe the vaccine

<p style="text-align: right;">Page 170</p> <p>1 manufacturers' reason for funding the American      2 Academy of Pediatrics currently is in any part      3 related to a desire to see the American Academy      4 of Pediatrics issue false and deceptive      5 statements purporting to exonerate thimerosal in      6 regard to autism?</p> <p>7 A. I think there are other reasons that      8 manufacturers fund them, but I think that's      9 certainly one of them.</p> <p>10 MR. THOMASCH: I'll ask the reporter to      11 mark as Exhibit 13 a multipage document taken      12 from the CDC National Immunization Program      13 website on November 11th, 2004.</p> <p>14 (Deposition Exhibit No. 13, CDC National      15 Immunization Program website document, was      16 marked.)</p> <p>17 Q. (BY MR. THOMASCH) Do you have Exhibit      18 13 in front of you, sir?</p> <p>19 A. Yes, I do.</p> <p>20 Q. What is the CDC?</p> <p>21 A. Centers for Disease Control. It's a</p>	<p style="text-align: right;">Page 172</p> <p>1 to the subject matter of thimerosal in vaccines?</p> <p>2 A. Yes.</p> <p>3 Q. Would you turn, if you would, please, to      4 page 3 of 9.</p> <p>5 A. Yes.</p> <p>6 Q. Do you see question 5 in bold?</p> <p>7 A. Yes.</p> <p>8 Q. It states, "I've heard that children      9 may be getting toxic levels of mercury from      10 vaccines. Is that true?" And the first      11 paragraph of the answer reads "No. There is no      12 evidence of harm caused by the minute doses of      13 thimerosal in vaccines, except for minor effects      14 like swelling and redness of the injection site      15 due to sensitivity to thimerosal." Did I read      16 that correctly?</p> <p>17 A. You read it correctly.</p> <p>18 Q. Do you believe that's an accurate      19 statement?</p> <p>20 A. No. It's inaccurate on its face and      21 it's inaccurate by Congressional official finding</p>
<p style="text-align: right;">Page 171</p> <p>1 sub-branch of HHS, Health and Human Services of      2 the U.S. government.</p> <p>3 Q. Are you aware they have a publicly      4 available website?</p> <p>5 A. Yes.</p> <p>6 Q. Have you ever gone to it?</p> <p>7 A. Yes.</p> <p>8 Q. In the course of doing research with --      9 specifically with regard to the safety or      10 potential dangers associated with the use of      11 thimerosal in vaccines, have you ever looked at      12 CDC's website?</p> <p>13 A. Yes.</p> <p>14 Q. If you turn to the last page of this      15 document, page nine of nine, do you see it      16 indicates that this page was last reviewed and      17 modified on May 18, 2004?</p> <p>18 A. Yes.</p> <p>19 Q. Do you understand this document to be      20 publicly available information provided to the      21 public by the CDC as of May 2004, which relates</p>	<p style="text-align: right;">Page 173</p> <p>1 that finds these gentlemen guilty of      2 institutional malfeasance and also finds that      3 there's no evidence -- I mean, again, if they go      4 to PubMed, anybody can go to PubMed and you can      5 get, you can turn up hundreds, thousands of      6 articles on this issue, and again, Congress --      7 they're presenting themselves as the official      8 position of the U.S. government, but they're not      9 the U.S. Government. They're one little small      10 branch of the U.S. government.</p> <p>11 The Congressional committee that      12 investigated this for three years said, they      13 concluded that the autism epidemic was caused by      14 thimerosal but it could have been curtailed or      15 prevented if the CDC had not been, quote, asleep      16 at the switch, this is from their own memo, and      17 they found them guilty of institutional      18 malfeasance and self-protection and protectionism      19 of the industry, and misplaced protectionism of      20 the industry.</p> <p>21 This is an out and out object lie</p>

1 because they're saying there's no reports of  
2 thimerosal causing any problems anywhere and  
3 that's patently ridiculous.

4 Q. All right. I'm going to ask you, sir --

5 MS. OWENS: Excuse, me I'm going to  
6 move to strike that answer as nonresponsive to  
7 the question.

8 MR. THOMASCH: I'll join in that motion.

9 Q. (BY MR. THOMASCH) You stated that  
10 someone had found the CDC I believe it was,  
11 quote, guilty of institutional malfeasance; did  
12 you say that?

13 A. Not someone. The oversight committee  
14 of the U.S. House of Representatives, the  
15 official one that's in charge of them has found  
16 that, and there are others. I mean we've given  
17 you others. There's also --

18 Q. When did that occur?

19 A. 2003, May of 2003.

20 Q. Do you have any explanation for why  
21 this statement still appears on the website

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1 document to question No. 7, that would be page 5  
2 of 9. Do you have that, sir?

3 A. Yes.

4 Q. Does the question read "does thimerosal  
5 cause autism?"

6 A. Yes.

7 Q. And the answer in the first sentence  
8 states, quote, "there is no conclusive evidence  
9 that any vaccine or vaccine additive increases  
10 the risk of developing autism or any other  
11 behavior disorder. Rather," in the second  
12 sentence begins, "rather, evidence is  
13 accumulating of lack of any harm resulting from  
14 exposure to vaccines containing thimerosal as a  
15 preservative." Did I read that correctly?

16 A. You read it correctly.

17 Q. Is it your testimony, sir, that that is  
18 also a knowingly false statement made for the  
19 purpose of deceiving the American public?

20 A. Yeah, blatantly false, that's right.

21 Q. And if we just go back to question 6 on

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1 currently available to the public of the Centers  
2 for Disease Control?

3 A. Sure. They're a rogue organization. If  
4 they admit it they'll be fired. At best they'll  
5 be fired.

6 Q. The CDC is a rogue organization?

7 A. Yes, they've committed institutional  
8 malfeasance and they're sure not going to admit  
9 it, if they have a choice.

10 Q. I want to look at the term  
11 institutional malfeasance. Does that come in  
12 part from, in your opinion, intentionally  
13 deceiving the American public about the health  
14 risks of thimerosal-containing vaccines?

15 A. Yes.

16 Q. So you would state that this statement  
17 is not only false, but the CDC knows it to be  
18 false and seeks to deceive the American public?

19 A. Absolutely. Their own memo shows that  
20 they know it to be false.

21 Q. I'd like you to turn further in the

1 the preceding page, do you see question 6  
2 relating to research being conducted by the  
3 federal government regarding the safety of  
4 vaccines containing thimerosal?

5 A. Yes.

6 Q. And the first sentence of that answer  
7 reads, quote, "there is no evidence to suggest  
8 that thimerosal in vaccines causes any health  
9 problems in children and adults beyond local  
10 hypersensitivity reactions (like redness and  
11 swelling at the injection site)." Do you see  
12 that?

13 A. Yes.

14 Q. That would again be a knowingly false  
15 statement made by the Centers for Disease Control  
16 and Prevention in order to deceive the American  
17 public about the safety of thimerosal?

18 A. Well, it's the vaccine group there, not  
19 the whole group. That's so knowingly false that  
20 their own paper by Verstraeten says that it  
21 causes ticks which isn't in that list.

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1 MS. OWENS: Objection, nonresponsive  
 2 answer, move to strike.  
 3 A. Yes, it's blatantly false and they know  
 4 it's false.  
 5 Q. (BY MR. THOMASCH) They know it's false  
 6 and they're attempting to deceive?  
 7 A. They're making a rather big attempt to  
 8 deceive.  
 9 MR. THOMASCH: All right. I'll ask the  
 10 court reporter to mark as our next exhibit a  
 11 two-page document from the European Agency for  
 12 the Evaluation of Medicinal Products dated March  
 13 24, 2004.  
 14 (Deposition Exhibit No. 14, statement  
 15 from the European Agency for the Evaluation of  
 16 Medicinal Products dated March 24, 2004, was  
 17 marked.)  
 18 Q. (BY MR. THOMASCH) Let me ask you just  
 19 to take a quick look at Exhibit 14 and let me  
 20 know whether or not you recognize the document?  
 21 A. I know of the agency. I don't think

1 move to strike.  
 2 MR. ELLIOTT: Same thing.  
 3 MR. THOMASCH: Join in the motion.  
 4 Q. (BY MR. THOMASCH) But I will ask you,  
 5 is it your sworn testimony that you understand it  
 6 to be illegal to distribute thimerosal-containing  
 7 vaccines anywhere in Europe?  
 8 A. I didn't say anywhere. I said a number  
 9 of places in Europe. England, Sweden, Norway, I  
 10 believe Austria, Russia. I may have missed some.  
 11 Canada, that's not Europe. And soon to be in  
 12 various parts of the United States, already in  
 13 some parts coming up.  
 14 Q. Go back to Exhibit 14 if we could. Are  
 15 you aware that in 1999 and 2000 EME issued  
 16 statements on the use of thimerosal in vaccines?  
 17 A. Yes.  
 18 Q. Were you aware prior to my showing you  
 19 Exhibit 14 that in 2004, EMEA issued another  
 20 public statement on that subject?  
 21 A. No.

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1 I've seen this exact document.  
 2 Q. All right. The agency in reference  
 3 being the European Agency for the Evaluation of  
 4 Medicinal Products?  
 5 A. Yes.  
 6 Q. What do you understand that agency to  
 7 be?  
 8 A. It's sort of like their CDC or FDA.  
 9 Sort of like our CDC or FDA.  
 10 Q. The acronym that they go by is EMEA?  
 11 A. Yes.  
 12 Q. But this is a European agency that has a  
 13 role in Europe relatively equivalent to the FDA  
 14 or CDC in the United States; is that correct?  
 15 A. Yes.  
 16 Q. In the 1990s were thimerosal-containing  
 17 vaccines used in parts of Europe?  
 18 A. Yes, not anymore. They made them  
 19 illegal now in many parts of Europe because the  
 20 cause autism.  
 21 MS. OWENS: Objection, nonresponsive,

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1 Q. Have you not been aware, I'd ask you  
 2 now to take a moment and read through the  
 3 slightly-longer-than-one-page document.  
 4 MR. SMITH-GEORGE: There's an  
 5 indication at the bottom this is page -- is this  
 6 page two of two?  
 7 MR. THOMASCH: Page two of two.  
 8 MR. SMITH-GEORGE: Is there a website  
 9 this came off of or do you know? There seems to  
 10 be some notation on the bottom public EMEA. Is  
 11 that a website?  
 12 MR. THOMASCH: I believe it is but I  
 13 don't have the website address.  
 14 MR. ELLIOTT: It's on there.  
 15 MR. THOMASCH: That is the website  
 16 address there? Oh, the bottom of the first page  
 17 there's --  
 18 MR. SMITH-GEORGE: Oh, emea.eu.int.  
 19 MR. THOMASCH: Right.  
 20 MR. SMITH-GEORGE: Thank you.  
 21 A. Okay, I've read it.

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1 Q. (BY MR. THOMASCH) Okay. Now, is it  
2 fair to say based on the first three paragraphs,  
3 directing your attention in particular to the  
4 first sentence of the third paragraph, that a  
5 committee of the EMEA, the Committee for  
6 Proprietary Medicinal Products, known by the  
7 acronym CPMP, had looked at this issue in 1999  
8 and 2000 and had advised, quote, "that although  
9 there was no evidence of harm from thimerosal in  
10 vaccines other than hypersensitivity (allergic)  
11 reactions, it would be prudent to promote the  
12 general use of vaccines without thimerosal and  
13 other mercury-containing preservatives,  
14 particularly for single-dose vaccines." Do you  
15 see that?

16 A. Yes.

17 Q. Does that accord with your recollection  
18 of the EMEA statements in 1999 and 2000?

19 A. Yeah, I think they said it would be  
20 prudent.

21 Q. But they said at that time that there

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1 was no evidence of harm from thimerosal in  
2 vaccines other than hypersensitivity reactions,  
3 but they went on to say it would still be prudent  
4 to remove; is that correct?

5 A. Yes.

6 Q. Now, it indicates in the third  
7 paragraph that, quote, "the previous assessment"  
8 -- and I'm reading the last sentence of the third  
9 paragraph -- "of risks associated with  
10 ethylmercury had been based on data on  
11 methylmercury, as the toxicity profile of the two  
12 compounds was assumed to be similar." Do you see  
13 that?

14 A. Yes.

15 Q. Am I correct that for purposes of your  
16 report in this case, you currently consider the  
17 toxicity profile of ethylmercury and  
18 methylmercury to be similar; is that correct?

19 A. Yeah, and that's based on, I don't know,  
20 20 to 30 publications, in, ants to elephants.

21 Q. Okay.

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1 A. I consider it to be similar, although I  
2 would make the point that if you made it half as  
3 toxic, if you made it a quarter as toxic, if you  
4 made it a 10th as toxic, you're still so far over  
5 the limit you can't make the risk go away.

6 Q. But you don't think it's half as toxic,  
7 you think it's essentially the same toxicity,  
8 correct?

9 A. I think it's similar, and none of the  
10 papers say that it's more toxic than  
11 methylmercury. Overall I think it's fair to  
12 assume that it's similar, as did the American of  
13 Academy of Pediatrics people in their  
14 publications.

15 Q. Now, the EMEA statement marked as  
16 Exhibit 14, in the 4th paragraph, states "in  
17 March 2004, the CPMP reviewed the latest evidence  
18 relating to the safety of thimerosal-containing  
19 vaccines." Do you see that?

20 A. Yup.

21 Q. And until right now you were unaware

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1 that that happened; correct?

2 A. That's correct.

3 Q. Does it indicate that part of what they  
4 reviewed were, in their words, a number of well  
5 designed population-based epidemiological  
6 studies documenting the safety profile of  
7 thimerosal?

8 A. Yeah, that's -- that's patently wrong,  
9 but yeah, that's what they reviewed. I know  
10 which ones they reviewed.

11 Q. The statement goes on to say, quote,  
12 "these studies show no association between the  
13 vaccination with thimerosal-containing vaccines  
14 and neurodevelopmental disorders such as speech  
15 disorders and autism." Do you see that?

16 A. Yes.

17 Q. And the statement that they show no  
18 association is even stronger than the statement  
19 they show no causation; is that correct?

20 A. Yes.

21 Q. So they show by definition no causation

<p style="text-align: right;">Page 186</p> <p>1 and not even an association between vaccination 2 with thimerosal-containing vaccines and 3 neurodevelopmental disorders such as speech 4 disorders and autism is the position of the EMEA; 5 correct?</p> <p>6 A. Even though they're totally irrelevant 7 studies to this issue, yes, that's correct. 8 That's their position.</p> <p>9 Q. Do you believe that that position is 10 inaccurate?</p> <p>11 A. Yes.</p> <p>12 Q. Do you believe that EMEA knows it to be 13 inaccurate?</p> <p>14 A. Knows or should know, probably. I mean, 15 I assume they have access to the National 16 Library of Medicine's search engine, which every 17 researcher in this world that knows what they're 18 doing uses. Yes, if they have access and they 19 tried, it's inaccurate and they should know 20 better. I can't sit here and tell you they did 21 the search, but boy, considering the importance</p>	<p style="text-align: right;">Page 188</p> <p>1 about 30 seconds. It also kills you. Half life 2 is not predictive. Additionally, the half life 3 of ethylmercury and methylmercury in general are 4 somewhat similar, and even if you allow that 5 they're half as much, doesn't make any 6 difference.</p> <p>7 MR. ELLIOTT: Object, nonresponsive.</p> <p>8 Q. (BY MR. THOMASCH) The fourth paragraph 9 concludes with the statement, and I quote, "the 10 new data suggests that ethylmercury may be less 11 toxic than previously assumed, and therefore 12 caution is needed in extrapolating the toxicity 13 profile of methylmercury to ethylmercury." Do 14 you see that?</p> <p>15 A. Yes.</p> <p>16 Q. Now in connection with your work in 17 this case, you believe it is appropriate to 18 extrapolate the toxicity profile from 19 methylmercury to ethylmercury; is that correct?</p> <p>20 A. Yes, although we have done it by 21 allowing it to be five times less. We've done it</p>
<p style="text-align: right;">Page 187</p> <p>1 of this issue, if they didn't do the search, 2 they're guilty of not doing a decent job. No one 3 can believe this. Any parent, any juror, anybody 4 can do this search in two seconds and you can see 5 that these are false statements. And they're 6 not papers written by me. They're papers written 7 by people all over the world for many, many 8 decades, and there are hundreds of them.</p> <p>9 Q. The 4th paragraph continues on, if 10 you'll follow with me, "furthermore, new data in 11 infants indicate that ethylmercury is more 12 rapidly excreted and therefore has substantially 13 different pharmacokinetics than methylmercury."</p> <p>14 Do you see that statement?</p> <p>15 A. Yes.</p> <p>16 Q. You understand what they're attempting 17 to say there; correct?</p> <p>18 A. Yes, they're referring to the Lancet 19 study which is, as a scientific study it's a 20 complete joke, and in addition it's irrelevant. 21 That is, cyanide has a half life in the body of</p>	<p style="text-align: right;">Page 189</p> <p>1 with ten times less. It doesn't help.</p> <p>2 MS. OWENS: Excuse me, I'm going to 3 object.</p> <p>4 THE DEPONENT: Excuse me, I'm answering 5 his question.</p> <p>6 MR. SMITH-GEORGE: Finish your question 7 then you can make an objection. You don't have 8 to interrupt during his response.</p> <p>9 MS. OWENS: I did not mean to interrupt 10 you. I thought you were through. Please finish 11 your answer.</p> <p>12 THE DEPONENT: Okay. I'm finished.</p> <p>13 MS. OWENS: I object to the 14 responsiveness of the answer. I also ask that he 15 answer the questions directly because I have 16 questions I want to ask. We're time-limited. I 17 don't want my time used up by his tendency to 18 give lengthy answers to what are yes or no 19 questions. I'm going to ask you to extend that 20 courtesy to me.</p> <p>21 MR. SMITH-GEORGE: He's trying to</p>

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1 answer the questions completely. I think he's  
2 doing a responsive job as he knows how to do. I  
3 don't think he's unduly extending this. And if  
4 you just give him the courtesy of letting him  
5 finish his answer, then you make any objection  
6 and we can go on.

7 MR. THOMASCH: I'll join in counsel's  
8 objection.

9 MS. OWENS: I did apologize for  
10 interrupting him. I did not do that  
11 intentionally. My position is on the record.

12 Q. (BY MR. THOMASCH) Let's go to the  
13 fourth paragraph of Exhibit 14. Is there  
14 anything in that paragraph that you agree with?

15 A. Yeah, that in March 2004 they reviewed  
16 it. I presume that's true.

17 Q. What you believe, however, is that the  
18 results of their review are inaccurate and are  
19 the product of either gross negligence on their  
20 part or intentional inaccuracies; is that  
21 correct?

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1 A. Yes, that's correct.

2 MR. THOMASCH: It's 1 o'clock. Why  
3 don't we take our lunch break now.

4 MR. SMITH-GEORGE: How long of a break?

5 MR. THOMASCH: 30 minutes okay with you  
6 folks?

7 MR. SMITH-GEORGE: 30 works for me.

8 THE VIDEOGRAPHER: Time now is 1:04.  
9 We're going off the record.

10 (A recess was taken.)

11 MR. SMITH-GEORGE: This is just for the  
12 record, Dr. Geier has -- I have taken the final  
13 draft out of the stack of drafts that we have  
14 prepared and Dr. Geier has signed a cover letter  
15 dated November 7th as well as page 50 of the  
16 report, and we're going to mark that as a  
17 separate exhibit constituting his final report in  
18 this matter, because it's easier to read than  
19 what was faxed to everybody on the disclosure.

20 We had some discussions earlier about  
21 corporate documents, and I have discovered that

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1 the corporate documents are actually incorporated  
2 into notebook No. 5, they're hole-punched, and so  
3 all the documents that Dr. Geier saw that were of  
4 a corporate nature are here in the room in  
5 notebook No. 5.

6 MR. THOMASCH: Thank you for that  
7 clarification. One housekeeping matter, it would  
8 appear that my inability to count has left us a  
9 void where more competent counsel would have used  
10 an Exhibit 8. And so with your permission we'll  
11 mark the next exhibit as Exhibit 8.

12 MR. SMITH-GEORGE: I have no objection  
13 to that.

14 MR. THOMASCH: Thanks, then we won't  
15 spend the rest of our careers trying to figure  
16 out what happened to Exhibit 8.

17 I concede for the stenographic record  
18 that your prior references to Exhibit 8 were  
19 actually to Exhibit 7, which was our supplemental  
20 disclosures, and we're going to make a new  
21 Exhibit 8 to clarify the chronology of the

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1 exhibits.

2 THE VIDEOGRAPHER: The time now is 1:49.  
3 We are now back on the record. This is the  
4 beginning of videotape No. 3.

5 MR. THOMASCH: I'll ask the court  
6 reporter to mark as Exhibit 8, because that  
7 exhibit number was inadvertently skipped, our  
8 next exhibit, which is a joint statement of the  
9 American Academy of Pediatrics and the United  
10 States Public Health Service published September  
11 3rd, 1999.

12 (Deposition Exhibit No. 8, joint  
13 statement of the American Academy of Pediatrics  
14 and the United States Public Health Service  
15 published September 3rd, 1999, was marked.)

16 Q. (BY MR. THOMASCH) Dr. Geier, do you  
17 have in front of you Exhibit 8?

18 A. Yes, I do.

19 Q. And you certainly recognize and have  
20 testified you're familiar with the American  
21 Academy of Pediatrics, right?

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1 A. Yes.		1 they discussed the idea of issuing.
2 Q. What is the United States Public Health		2 Q. Yeah, but those memos, when did you
3 Service?		3 obtain those memos?
4 A. It's part of the United States		4 A. I obtained them after the fact.
5 government that does things like supply doctors		5 Q. Did you in fact know that this statement
6 to our Coast Guard and some research and advises		6 was going to come out before it was issued?
7 the U.S. government.		7 A. No.
8 Q. On health-related issues?		8 Q. But you did know about it at the date it
9 A. Yes.		9 was issued or shortly thereafter?
10 Q. All right. Are you familiar with this		10 A. Yes.
11 published statement?		11 Q. Looking at the second paragraph of this
12 A. Yes.		12 statement, it states, and this again is July of
13 Q. And it was published in Pediatrics,		13 1999, quote, "there is a significant safety
14 which you identified as the journal of the		14 margin incorporated into all the acceptable
15 American Academy of Pediatrics, correct?		15 mercury exposure limits. Furthermore, there are
16 A. Yes.		16 no data or evidence of any harm caused by the
17 Q. And its publication date was September		17 level of exposure that some children may have
18 3rd, 1999; is that correct?		18 encountered in following the existing
19 A. Yes.		19 immunization schedule. Infants and children who
20 Q. Does it accord with your recollection		20 have received thimerosal-containing vaccines do
21 that this statement was actually issued on July		21 not need to be tested for mercury exposure." Did
	Page 195	Page 197
1 7th, 1999?		1 I read that accurately?
2 A. Yeah, that sounds reasonable, I don't		2 A. Yes.
3 remember the date but I know it was July		3 Q. Now, when you read this statement for
4 something.		4 the first time in 1999, were you aware of what if
5 Q. Early July 1999?		5 any safety margin was incorporated into mercury
6 A. Yes.		6 exposure limits?
7 Q. And you were familiar with the		7 A. Not at the time.
8 statement at or about the time it was first		8 Q. Have you subsequently familiarized
9 issued in July; is that correct?		9 yourself with that information?
10 A. Yeah, in fact, we have some memos		10 A. Yes.
11 discussing the release before it was released.		11 Q. Do you agree that there is a safety
12 I'm quite familiar with this.		12 margin incorporated into acceptable mercury
13 Q. All right. Now, I want to take you to		13 exposure limits?
14 the second paragraph.		14 A. I believe they attempted to put a
15 MS. OWENS: I'm sorry, did he say he		15 safety level in, which has been exceeded by an
16 knew about it when it came out, which I think was		16 enormous amount.
17 your question?		17 Q. Do you know what the intention was by
18 Q. (BY MR. THOMASCH) Yes, you were aware		18 way of the margin? Was it intended to be a
19 of it at or about the time it was issued?		19 tenfold safety margin?
20 A. I said I was aware of it before it was		20 A. That's the usual margin that's used. In
21 issued because I have some memos and things where		21 this case there actually is no safety margin.

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1 That is, the level that is approved is the level 2 at which there's demonstrable harm to cells and 3 tissue culture. In addition, even if you use a 4 tenfold, and we've tried that, it's still nowhere 5 near the level of exposure. The overexposure was 6 at least 140-fold.	1 Q. And what was the EPA limit at that time? 2 A. 0.1 micrograms per kilogram per day of 3 orally ingested methylmercury.
7 Q. When you say the level at which it was 8 approved, what is the "it"?	4 Q. Am I correct that that exposure limit 5 was in no way prepared in connection with, for 6 the purpose of regulating vaccines?
9 A. I'm not sure what I meant either. The 10 level that they approve, which is, incidentally, 11 what I meant was 0.1, the FDA limit is 0.1 12 microgram per kilogram per day, and there's 13 another limit that's as high as 0.4 micrograms 14 per kilogram per day. Those levels have no 15 safety and in reality, even if you allow a 16 tenfold margin, you still vastly have exceeded 17 those levels.	7 A. That's correct. 8 Q. At the time that it was devised, was it 9 your understanding or is it your understanding 10 that EPA intended to use a safety margin in its 11 standard?
18 Q. Okay. I need to try to go in smaller 19 pieces.	12 A. Yes. 13 Q. That was their goal?
20 A. Okay.	14 A. Yes. 15 Q. Whether they correctly achieved it or 16 not, I'm not asking. I just want to know if that 17 is what they were trying to do?
21 Q. Are you aware that there are more than	18 A. Yes. 19 Q. And the goal they were trying for was 20 to have a tenfold safety margin, by which I mean 21 they would determine what they thought was the
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1 one governmentally-issued mercury exposure 2 limits? 3 A. Yes. 4 Q. Has the FDA issued one? 5 A. Yes. 6 Q. Has the EPA issued one? 7 A. Yes. 8 Q. Does the World Health Organization have 9 one? 10 A. Yes. 11 Q. Are you aware of differences between 12 them? 13 A. There were more differences than there 14 are now. 15 Q. In 1999 were there differences? 16 A. Yes. 17 Q. Do you understand in 1999 which was the 18 most stringent exposure limit, in other words, 19 putting the lowest limit on the recommended 20 exposure? 21 A. Yes, it was EPA.	1 appropriate exposure level and reduce it to 2 one-tenth of that and make that the maximum level 3 of exposure; is that correct? 4 A. That's correct. 5 Q. At the time that the EPA created that 6 standard, do you believe that they did so in good 7 faith? 8 A. Yes, I do. 9 Q. When the American Academy of Pediatrics 10 and the United States Public Health Service 11 stated in July of 1999, there is a significant 12 safety margin incorporated into all the 13 acceptable mercury exposure limits, do you 14 believe that they believed that to be true as of 15 that time? 16 A. Yes. 17 Q. It indicated that in July of 1999 there 18 are no data or evidence of any harm caused by the 19 level of exposure that some children may have 20 encountered in following the existing 21 immunization schedules. Do you believe that that

<p style="text-align: right;">Page 202</p> <p>1 statement was intended to be truthful at the time      2 it was made?      3 A. Can you read it to me again or show it      4 to me?</p> <p>5 Q. Yes, I'm in the second paragraph, in the      6 second sentence, which states, furthermore, there      7 are no data or evidence of any harm caused by the      8 level of exposure that some children may have      9 encountered in following the existing      10 immunization schedule.</p> <p>11 A. It's not true, but I believe that they      12 may have intended it to be true.</p> <p>13 Q. They may have thought it to be true?</p> <p>14 A. Yes, at the time I think they may well      15 have thought it to be true. At least many of      16 them were not aware. There was data, the VAERS      17 database had already reported, if I recall one      18 of their internal memos, 1400 reports of      19 neurological problems with thimerosal, so to say      20 there was no data is inaccurate. But I'm not      21 sure that everybody who wrote this was aware of</p>	<p style="text-align: right;">Page 204</p> <p>1 the first six months of life, clinicians and      2 parents are encouraged to immunize all infants      3 even if the choice of individual vaccine products      4 is limited for any reason." Do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. And do you understand that to mean that      7 in July of 1999, the AAP, the American Academy of      8 Pediatrics, and the United States Public Health      9 Service were saying even if you can only get a      10 thimerosal-containing vaccine, the risk/benefit      11 analysis suggests that you should be immunized      12 with that vaccine instead of not being immunized.</p> <p>13 Do you understand that to be your position then?</p> <p>14 A. Yeah, that was their position, and they      15 had an internal argument, which we've given you      16 the publication of it, some people in the academy      17 wanted to stop giving these vaccines to young      18 children and some didn't, and obviously from what      19 they published here those who didn't won the      20 argument.</p> <p>21 MS. OWENS: Objection to</p>
<p style="text-align: right;">Page 203</p> <p>1 that. I don't think they were intentionally      2 trying to be false at that point. Their necks      3 had not yet been extended. They could have been      4 heroes at that point.</p> <p>5 Q. All right. Now I want to take you over      6 to the right-hand column of Exhibit 8 on to the      7 six numbered points. In the following paragraph,      8 in moving down about halfway, can you locate a      9 sentence that begins with the words "given that      10 the risks."</p> <p>11 A. I'm sorry, I must be -- the numbers one      12 through six?</p> <p>13 Q. Past one through six, in the next      14 paragraph about halfway down.</p> <p>15 A. Yeah, I see, given that the risks.</p> <p>16 Q. All right. For the record I'll read      17 that sentence that I'm going to direct your      18 attention to, reads, quote, "given that the risks      19 of not vaccinating children far outweigh the      20 unknown and much smaller risk, if any, of      21 exposure to thimerosal-containing vaccines over</p>	<p style="text-align: right;">Page 205</p> <p>1 responsiveness.</p> <p>2 Q. (BY MR. THOMASCH) And assuming that you      3 believe this to be the product of an internal      4 dispute, the position that was published      5 indicated that the risk/benefit analysis favored      6 giving the vaccine, even if a      7 thimerosal-containing vaccine?</p> <p>8 A. The dispute was not resolved over      9 risk/benefit. As their publication said, it was      10 resolved over the fear that some antivaccine      11 group, and I again wanted to divorce myself from      12 such groups, but that some antivaccine group      13 would jump on the fact that some vaccines were      14 better than others and they were afraid they      15 would do so much harm to the program that they      16 did not want to admit that they should avoid the      17 thimerosal-containing -- not a risk/benefit      18 analysis. It was a political, good for the      19 vaccine program decision, not a risk/benefit      20 decision.</p> <p>21 Q. But they framed it in the publication as</p>

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1 the benefits outweigh the risks, even if the only  
2 vaccine is a thimerosal-containing vaccine;  
3 correct?

4 A. That's how they termed it.

5 Q. Is it my understanding that you do not  
6 believe that was believed by them at the time,  
7 they had an alternative reason for wanting to  
8 make that statement?

9 A. Yeah, maybe what they thought was a  
10 good reason, but they had an alternative reason.

11 Q. And their alternative reason related to,  
12 for whatever reason, they wanted to continue  
13 vaccinations and not allow this to be used  
14 against the vaccine program?

15 A. That's right.

16 Q. So they, with that goal in mind, made a  
17 statement that at the time they made it they  
18 understood to be false?

19 A. Well, they understood that it was  
20 potentially false. I think that a lot of the  
21 research, remember I agreed that people making

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1 false statements before, so I don't have any  
2 problem with agreeing to that, but at this time a  
3 lot of the papers and research that currently  
4 shows it to be false hadn't been done. So I'd be  
5 willing to soften that and say they weren't sure  
6 that it was false, but they also weren't sure  
7 what they wrote here was true. And in fact very  
8 shortly thereafter they did discontinue giving  
9 the hepatitis B to infants for a while. So you  
10 can see that they did have a concern. And I  
11 would like to give the people the idea that  
12 they're doing it honestly. So I think that this  
13 statement isn't absolutely false. They certainly  
14 knew that it may well be false but I'm not sure  
15 that they knew that it was false.

16 Q. All right. That statement in your mind  
17 is a false statement, correct?

18 A. With the power of hindsight it's a  
19 false statement, yes.

20 Q. And the question is whether or not  
21 enough was known in 1999, could a reasonable

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1 person have believed this statement and you're  
2 not certain about that, is that where we're at?  
3 A. Yes, sir, that's where we're at.  
4 Q. Now, at some point between 1999 and  
5 2004, when the American Academy of Pediatrics put  
6 forth the statements on its current web page that  
7 we just talked about before lunch, do I  
8 understand you to hold the opinion that the  
9 academy recognized that the position that they  
10 had taken exonerating thimerosal was false but  
11 they were going to say it anyway?

12 A. Yes.

13 Q. Do you know when that occurred?

14 A. I don't think it all occurred in a  
15 moment, and we have some memos and discussion  
16 about it, but they had to know it was false  
17 because, for example, you read to me that  
18 therefore children do not have to be tested for  
19 mercury exposure in this. And notice I didn't  
20 stop you and say that was a lie. Maybe they  
21 believed it. Can't believe it anymore because

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1 people have tested for mercury exposure and the  
2 lab says they're mercury-toxic, and labs are hard  
3 to argue with. These are officially approved  
4 labs in multiple places.

5 So that statement was false. I hope  
6 that they believed it was true at the time, but  
7 it was clearly false. And therefore their  
8 position now has become totally intentionally  
9 false. They don't even address that issue. They  
10 simply ignore it.

11 Q. All right. If you could go back to  
12 Exhibit 12. That's the American Academy of  
13 Pediatrics statement, What Parents Should Know  
14 About Thimerosal.

15 A. Yes.

16 Q. All right. If we turn to the second  
17 page, the third bolded question is, should  
18 parents have their children who have received  
19 vaccinations with thimerosal be tested for  
20 mercury. Do you see that?

21 A. Yes.

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1 Q. So they're not currently ignoring this  
 2 issue, are they?

3 A. Yeah, they're just lying about it.

4 Q. All right. They state, no, infants and  
 5 children who have received thimerosal-containing  
 6 vaccines do not need to have blood, urine or hair  
 7 tested for mercury, the body eliminates a mercury  
 8 dose completely within 120 days. It doesn't stay  
 9 in your child's body. Do you see that?

10 A. That statement on its face is false.

11 It's also intentionally misleading because in  
 12 order to see the mercury after that you need to  
 13 do a challenge, and challenges are not exactly  
 14 unique in medicine. We do challenges in many,  
 15 many situations. But that's inherently false.  
 16 The mercury that gets to the brain is not gone in  
 17 120 days. So this is false and intentionally  
 18 misleading and incorrect. And disproven by  
 19 thousands of lab tests across the country in  
 20 multiple clinical centers.

21 Q. Okay. So it's the American Academy of

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1 Pediatrics lying to the American people about  
 2 whether or not they should have their children  
 3 tested who have already received the vaccination,  
 4 correct?

5 A. Yes. And it's a very unfortunate lie  
 6 because it hurts the children, because they can  
 7 be treated, and some of them actually respond.

8 Q. In 1999, you suggested that they may  
 9 have been concerned that if they had been  
 10 accurate about the risks, that that might have  
 11 been seized upon by some antivaccine groups and  
 12 might have prevented some children from being  
 13 vaccinated, correct?

14 A. Right, and I was trying to be -- say  
 15 that I understood their concern. I didn't agree  
 16 with it but they had some legitimate concern at  
 17 that time.

18 Q. Right. By 2004 they're addressing in  
 19 their public statements children who have  
 20 already been vaccinated, correct?

21 A. Yes.

1 Q. What possible interest do you believe  
 2 they could have that would motivate them to lie  
 3 about whether those children should be tested for  
 4 mercury?

5 A. In 1999, remember I said they could  
 6 have been heroes, they almost were heroes, and we  
 7 have the documents to show it. Several of them  
 8 got up and argued and said we're not leaving  
 9 until we announce this, until everybody knows  
 10 about it. They were this close to being heroes.  
 11 But by 2004 they had already gone down the road.  
 12 Now it was their fault. In 1999 you could make  
 13 the case that they didn't know and, boy, they  
 14 found out and they corrected it. But by 2004  
 15 they had gone down the road and encouraged people  
 16 to vaccinate their children with poisons that  
 17 they knew were there when there were alternate  
 18 choices. Now they could no longer go back. Now  
 19 the die is cast. Now they have to deny it and  
 20 they will continue to deny it until the day they  
 21 die.

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1 A. Yes.  
2 Q. And the knowledge, the background  
3 knowledge in the field you say has continued to  
4 evolve over time; is that right?  
5 A. Tremendously, yes.  
6 Q. By the end of 2003, was it clear to you  
7 that the statements being taken publicly by the  
8 American Academy of Pediatrics at that point had  
9 to be lies?  
10 A. Yes. Clear to me and clear to Congress  
11 and clear to investigators and clear to many,  
12 many people in this field.  
13 Q. By the end of 2003, which would be  
14 subsequent to the August 2003 statement we looked  
15 at from the WHO, was it clear to you that the WHO  
16 was lying?  
17 A. Yes.  
18 Q. By the end of 2003, was it clear to you  
19 that the Centers for Disease Control and  
20 Prevention were lying when they said that there  
21 was no evidence that thimerosal caused autism?

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1 together in order to advise the U.S. government  
2 on various issues over the years.  
3 Q. All right. Are you familiar with a  
4 group within the Institute of Medicine called the  
5 Immunization Safety Review Committee?  
6 A. Yes.  
7 Q. And what is the Immunization Safety  
8 Review Committee?  
9 A. A group that looks at vaccine problems  
10 and immunization problems.  
11 Q. All right. And if you would turn into  
12 the document to the 5th page, counting the cover.  
13 Little Roman numeral five, do you see that?  
14 A. Yes.  
15 Q. Does that page and the following page  
16 identify the actual composition of the  
17 Immunization Safety Review Committee?  
18 A. Yes it does.  
19 Q. And these are familiar names to you, are  
20 they not?  
21 A. Some of them, yes.

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1 A. Especially them, because we have  
2 numerous memos on their part saying the opposite,  
3 just numerous ones, particularly theirs.  
4 MR. THOMASCH: We'll ask the reporter to  
5 mark as your next exhibit Immunization Safety  
6 Review Committee's report on vaccines and autism.  
7 (Deposition Exhibit No. 15,  
8 Immunization Safety Review Committee's report on  
9 vaccines and autism, was marked.)  
10 Q. (BY MR. THOMASCH) All right. Dr.  
11 Geier, you have a copy of Exhibit 15, as does  
12 counsel for the plaintiffs, and do you recognize  
13 this document?  
14 A. Absolutely.  
15 Q. Let's get some terminology out of the  
16 way first. What is the Institute of Medicine of  
17 the National Academies?  
18 A. It's a subsection of -- the National  
19 Academy of Sciences is the most prestigious  
20 scientific organization in the United States, and  
21 the Institute of Medicine in general has been put

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1 Q. You recognize them as being part of the  
2 committee?  
3 A. Yes.  
4 Q. And you recognize the committee  
5 chairperson, Marie McCormick?  
6 A. Especially the committee chairperson.  
7 Q. Now, am I correct that the Immunization  
8 Safety Review Committee has twice studied issues  
9 relating to thimerosal-containing vaccines and  
10 adverse outcomes, including autism?  
11 A. Yes.  
12 Q. And the first report of that committee  
13 was in 2001, correct?  
14 A. Yes.  
15 Q. And that is not the report that's been  
16 marked in front of you; correct?  
17 A. That's correct.  
18 Q. Is the 2001 report in your materials?  
19 A. I think so.  
20 Q. It's quoted at some length in your  
21 report; is that not correct?

<p>Page 218</p> <p>1 A. Yes.</p> <p>2 Q. And can we refer to that report as the 3 2001 IOM report?</p> <p>4 A. Okay.</p> <p>5 Q. And the report that is in front of you 6 now was issued on or about May 18th, 2004; is 7 that correct?</p> <p>8 A. Yes.</p> <p>9 Q. And we can call that either just the 10 IOM report or the 2004 IOM report; is that all 11 right?</p> <p>12 A. Okay.</p> <p>13 Q. Now, in advance of the 2004 IOM report 14 being issued, there was a public meeting held for 15 the presentation of certain evidence on the 16 subject matter, and that was in Washington, D.C. 17 in February of 2004, is that correct?</p> <p>18 A. Yes. I went to it.</p> <p>19 Q. Was there a similar meeting in advance 20 of the 2001 report?</p> <p>21 A. I think so. I didn't go to that one,</p>	<p>Page 220</p> <p>1 Q. All right. Did she indicate the 2 subject matter that she wanted you to speak on?</p> <p>3 A. Yes.</p> <p>4 Q. What did she indicate it to be?</p> <p>5 A. Thimerosal and autism.</p> <p>6 Q. Was there anything more specific than 7 that?</p> <p>8 A. Yeah, it was very specific. She only 9 wanted vaccine thimerosal epidemiological autism, 10 which I objected to. I wanted neurodevelopmental 11 disorders. Because to me this is, all of our 12 studies are on, if you read the titles, are on 13 neurodevelopmental disorders. But she only 14 wanted autism. And she only wanted 15 epidemiological, not biochemical or genetic or 16 any of the other things, the myriad of other 17 studies that are available.</p> <p>18 Q. She only wanted that from you; is that 19 correct?</p> <p>20 A. Yes, and she indicated that -- you 21 know, this is my fifth time of testifying before</p>
<p>Page 219</p> <p>1 but I did go -- I was an invited speaker at this 2 one.</p> <p>3 Q. So you were not a presenter at the 4 first one?</p> <p>5 A. That's correct.</p> <p>6 Q. You were a presenter at the 2004 7 meeting?</p> <p>8 A. Yes.</p> <p>9 Q. Now, when did you first learn that the 10 IOM was going to convene for a second time on the 11 subject of vaccines and autism?</p> <p>12 A. Three, four weeks before February of 13 2004.</p> <p>14 Q. How did you learn that?</p> <p>15 A. One of the staff people, I think it was 16 Kathleen Stratton called me.</p> <p>17 Q. Staff of what?</p> <p>18 A. Staff of this committee, the IOM 19 committee, and said that she would like us to 20 present, my son and I to present some of our 21 epidemiological data.</p>	<p>Page 221</p> <p>1 the IOM. And on all previous occasions I had 2 suggested that I would give them a copy of all of 3 our literature review since they were undoubtedly 4 interested in all the literature in the world, 5 and I offered her that here, and they refused. 6 They weren't interested in the world's 7 literature. Only on our epidemiological studies.</p> <p>8 Q. Were you invited by telephone call did 9 you say?</p> <p>10 A. Yes.</p> <p>11 Q. Did you agree to testify at that time?</p> <p>12 A. Yes. I made some requests, but I agreed 13 to testify subject to the requests.</p> <p>14 Q. And what requests did you make?</p> <p>15 A. I said I needed a minimum of an hour 16 and a half, that they needed to invite members of 17 the Congressional committee that's reviewing 18 this. That they allow all peer-reviewed 19 publications to be included in this presentation.</p> <p>20 Q. What does that mean?</p> <p>21 A. That means they had to take all the</p>

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1 peer-reviewed publications, they couldn't just  
2 take the three they wanted to hand-pick.

3 Q. You mean accept them for review and  
4 consideration?

5 A. Yes.

6 Q. Did you ultimately provide the  
7 committee with a paper submission in addition to  
8 the oral presentation you made in February of  
9 2004?

10 A. Yes, they told me they couldn't give me  
11 an hour and a half because, you know, public  
12 time is short. And I understood that so I said  
13 how about private time, I'll come and tell you  
14 what I know privately. They said that was  
15 against the rules. So then I said how about I'll  
16 submit all the stuff, and they said, well, we  
17 can't stop you from submitting it but we're not  
18 going to consider it. So when I did my  
19 presentation I did indeed place that on their  
20 desk so they did get a submission, which they did  
21 not consider, mostly anyway.

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1 this absolutely rapidly growing information that  
2 thimerosal causes problems that comes from the  
3 major universities in the United States.

4 MR. ELLIOTT: Objection, nonresponsive.

5 Q. (BY MR. THOMASCH) You said it was a  
6 blatant attempt to block, to sweep everything  
7 under the rug and to not have a hearing. Did you  
8 misspeak?

9 A. I said it was a blatant attempt to,  
10 rather than to get at the truth, to sweep the  
11 truth under the rug. And that's a paraphrase.  
12 You can get the actual text of Dr. Weldon's  
13 opening remark. That was my attempt to  
14 paraphrase his opening remarks before it began.

15 Q. Did you have any role in the  
16 preparation of Dr. Weldon's opening remarks?

17 A. No.

18 Q. Did you see them in advance of them  
19 being delivered?

20 A. No. But I knew his general feeling,  
21 but I didn't -- I'm not his writer. He can take

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1 Q. Did you agree to speak in that  
2 conversation?

3 A. Yes -- well, eventually I did. I said  
4 I'd get back to them and eventually they did  
5 indeed invite Congressman Dr. Weldon to speak.  
6 There was a move on to block the whole happening  
7 by Congress and by others because this was an  
8 obvious blatant attempt to sweep things under the  
9 rug and not to have a hearing. In fact Dr.  
10 Weldon began the hearing by addressing IOM and  
11 telling them that we all knew what they were  
12 doing, they got 3 and a half million dollars from  
13 CDC to hold a hearing that had such defined  
14 parameters. We all knew that this was not an  
15 attempt to get at, to quote it, to paraphrase his  
16 opening remarks, this was not an attempt to get  
17 at the truth but rather just sweep it under the  
18 rug. We all knew this but we all decided we  
19 would present anyway so they couldn't say we  
20 didn't present, even though we knew before we  
21 went there that they were not going to listen to

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1 care of himself.

2 Q. Did you hear them when he delivered  
3 them?

4 A. Yes.

5 Q. Did you agree with what he said?

6 A. Yes. And in fact they're on the tape,  
7 part of it's on that WXYZ tape.

8 Q. So at the time that you made your oral  
9 presentation in February of '04, you had formed  
10 an opinion that the body, that the Immunization  
11 Safety Review Committee was not legitimately  
12 attempting to get to the bottom of the scientific  
13 issue, but rather was trying to reach a  
14 preordained conclusion, to quote you, to sweep it  
15 under the rug?

16 A. To quote Dr. Weldon, yes, I was trying  
17 to quote Dr. Weldon.

18 Q. Okay, and that is your opinion?

19 A. Yes, that's my opinion.

20 Q. Did you have that opinion on the day  
21 that you accepted the invitation to speak?

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1 A. I had that suspicion. That's why I  
 2 said let me call you back. And I called up  
 3 Weldon and I called up some of the other Congress  
 4 people that are involved in this and I said, what  
 5 do you know about this? I mean, for all I knew,  
 6 maybe they really were going to have a hearing  
 7 that was going to be open. And they said no,  
 8 this is paid for, directed by CDC, so they did  
 9 confirm that they knew enough about it, they had  
 10 enough internal information to know that this was  
 11 not an open hearing, that these people were from  
 12 CDC, that CDC was requesting it, it was 3 and a  
 13 half million dollars paid for. Because when I  
 14 first heard it, I'm not an activist, I'm a  
 15 scientist, so for all I knew maybe Congress had  
 16 assembled an independent panel, but that was not  
 17 the case. We all knew very quickly that was not  
 18 the case here.

19 MR. ELLIOTT: Objection, nonresponsive.

20 Q. (BY MR. THOMASCH) You said it was not  
 21 an open hearing; is that your phrase?

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1 A. If I did, I didn't mean to say that. It  
 2 was open to the public. But this hearing was not  
 3 open to any other finding than the one they made,  
 4 and the finding is obviously and admittedly not  
 5 representative of even what the people said.

6 Q. So the committee had a preordained  
 7 agenda that they were going to come to the  
 8 conclusion that there wasn't a connection between  
 9 thimerosal and autism; is that your testimony?

10 A. Yes, that's my belief, yes.

11 Q. And do you believe they attempted to  
 12 invite individuals who had taken positions  
 13 publicly, such as yourself, that there was such a  
 14 link in order to make it look as though they were  
 15 being fair-minded?

16 A. Yeah, they invited us there so they  
 17 could try to discredit the work, yes. And in  
 18 fact, the work was coming out so fast that they  
 19 couldn't even manage it. Dr. Deth from  
 20 Northeastern and his colleagues from Hopkins and  
 21 Nebraska published during that time and so they

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1 couldn't, I'm sure they would have added him too  
 2 so they could have trashed him as well. But they  
 3 couldn't quite do it. There were so many  
 4 articles coming out from major peer-reviewed,  
 5 major centers in the United States that they  
 6 couldn't even do it. But the attempt was to put  
 7 up some of ours, those that believe the  
 8 thimerosal caused a problem so they could then  
 9 trash the studies.

10 Q. Well, they could have commented on your  
 11 studies without inviting you to speak; could they  
 12 not?

13 A. That wouldn't have looked good. In my  
 14 opinion, that would have been poor form.

15 Q. So it wasn't simply window dressing,  
 16 they were looking for an opportunity in advance  
 17 to trash your studies and felt that to do so they  
 18 needed to invite you to speak; is that your  
 19 opinion?

20 A. Absolutely. In fact, the American  
 21 Academy of Pediatrics had already trashed our

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1 study on an unsigned web attack within days of  
 2 our studies coming out.

3 Q. I want to focus on this period between  
 4 when you were invited to speak and when you  
 5 actually spoke. As I understand your testimony,  
 6 during that time period, which was several weeks,  
 7 you spoke with some individuals connected with  
 8 Congress?

9 A. Yes.

10 Q. To find out what they knew about this  
 11 hearing, correct?

12 A. Yes.

13 Q. At some point in that process you  
 14 learned that in your mind this was not going to  
 15 be a fair hearing, correct?

16 A. Yes.

17 Q. Did you speak with anyone about whether  
 18 or not, in light of that fact, you should decline  
 19 to speak at the hearing?

20 A. Yes.

21 Q. Who did you speak to in that regard?

<p>1 A. Weldon's staff and Burton's staff.</p> <p>2 Q. All right. And what did they advise</p> <p>3 you, if anything?</p> <p>4 A. They thought that although nothing we</p> <p>5 said and when we spoke was going to change what</p> <p>6 they were going to say, we all had to play our</p> <p>7 part in the forum. That is, it would be bad form</p> <p>8 for them not to invite us and it would be bad</p> <p>9 form for us not to attend. So they thought it</p> <p>10 would be best for us to attend and put it out in</p> <p>11 the public, let the press write about it and let</p> <p>12 the parents hear it. Because it still was a</p> <p>13 hearing. We got up on the stage and people could</p> <p>14 hear what we said even though we knew what the</p> <p>15 report was going to say.</p> <p>16 Q. Were you troubled by what you viewed as</p> <p>17 a preordained result to trash your studies before</p> <p>18 you spoke?</p> <p>19 A. Yes. They continue to do it more now.</p> <p>20 Q. Did you speak with other presenters in</p> <p>21 advance of the date of the public hearing?</p>	<p>Page 230</p> <p>1 "us" to yourself and your son, but you're</p> <p>2 including Dr. Bradstreet and Dr. Hornig and</p> <p>3 others who had published or who had taken the</p> <p>4 position that there might be a link; is that</p> <p>5 correct?</p> <p>6 A. Yeah, I mean, I don't know, I don't</p> <p>7 think I had met Hornig at the time in my life,</p> <p>8 but I was told that Weldon, to the extent, Weldon</p> <p>9 and his office and Burton and his office, to the</p> <p>10 extent they had influence, they were going to</p> <p>11 ask those who were asked to speak to speak.</p> <p>12 Obviously they don't own any of them and maybe</p> <p>13 there was one that turned it down, but as far as</p> <p>14 I know, everybody did come who was asked.</p> <p>15 Q. Can you turn to page 25 of Exhibit 15.</p> <p>16 A. Okay. I'm there.</p> <p>17 Q. All right. And do you see the caption</p> <p>18 the framework for scientific assessment?</p> <p>19 A. Yes.</p> <p>20 Q. And under that causality?</p> <p>21 A. Yes.</p>
<p>Page 231</p> <p>1 A. I may have spoken to a couple of other</p> <p>2 people that were speaking. I don't recall</p> <p>3 whether I did or not before or afterwards.</p> <p>4 Q. Do you know whether anyone who was</p> <p>5 invited to speak and who had previously taken the</p> <p>6 position publicly that there was a link between</p> <p>7 thimerosal and autism declined to speak?</p> <p>8 A. Not that I know of. We had made the</p> <p>9 decision that we would all speak.</p> <p>10 Q. When you say "we" made the decision,</p> <p>11 that's what I'm trying to get at. Who is "we"?</p> <p>12 A. Dr. Weldon and the Congressional</p> <p>13 committee that had supported some of the work had</p> <p>14 asked us to speak. Obviously they don't own us,</p> <p>15 and I could have said no, and others could have</p> <p>16 said no, but they were encouraging us to speak</p> <p>17 anyway. And what they said is Weldon would get</p> <p>18 up and set it straight before it begins, and he</p> <p>19 did.</p> <p>20 Q. Just to be clear, when you say they</p> <p>21 encouraged us to speak, you're not limiting the</p>	<p>Page 233</p> <p>1 Q. And it indicates that well in advance of</p> <p>2 this particular hearing the Immunization Safety</p> <p>3 Review Committee had adopted a framework for</p> <p>4 assessing causality; is that correct?</p> <p>5 A. Yeah, in fact, this is the same</p> <p>6 framework that goes all the way back to the early</p> <p>7 '0s, if you remember the other IOM hearings.</p> <p>8 Q. And what they do is they agree that</p> <p>9 they will ultimately conclude with one of five</p> <p>10 different conclusions?</p> <p>11 A. Yes.</p> <p>12 Q. And they set those out at page 25,</p> <p>13 correct?</p> <p>14 A. Yes.</p> <p>15 Q. And would you agree with me that the</p> <p>16 strongest negative conclusion that the committee</p> <p>17 has as a possible conclusion is conclusion 3,</p> <p>18 which reads evidence favors rejection of a causal</p> <p>19 relationship?</p> <p>20 A. Yes.</p> <p>21 Q. Now, if you turn to page 16 of the 2004</p>

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1 IOM report marked as Exhibit 15, do you see box  
 2 ES-1, committee conclusions and recommendations?  
 3 A. Yes.  
 4 Q. And the first recommendation and first  
 5 conclusion is the scientific assessment  
 6 causality conclusion with respect to  
 7 thimerosal-containing vaccines, the second one  
 8 relates to the MMR vaccine which doesn't contain  
 9 thimerosal, correct?  
 10 A. Correct.  
 11 Q. And the first conclusion is, quote, the  
 12 committee concludes that the evidence favors  
 13 rejection of a causal relationship between  
 14 thimerosal-containing vaccines and autism; is  
 15 that correct?  
 16 A. That is correct.  
 17 Q. And so the conclusion they reached was  
 18 the strongest negative conclusion available to  
 19 them pursuant to their own preexisting framework  
 20 which goes back to the first meeting of the  
 21 committee on different subject matter, correct?

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1 A. Correct.  
 2 Q. Now, is it your belief, as you sit here  
 3 today, that they had decided to reach that  
 4 conclusion before they ever held the public  
 5 hearing?  
 6 A. Yes, and not only that, it's my belief  
 7 that they don't believe it, based on interview of  
 8 Marie McCormick by the Wall Street Journal, in  
 9 which she said everybody on the committee knows  
 10 that thimerosal causes damage, immunological  
 11 damage, and parents should avoid it whenever  
 12 possible. That's published in the Wall Street  
 13 Journal a couple days afterwards.  
 14 MS. OWENS: Objection, nonresponsive,  
 15 move to strike.  
 16 Q. (BY MR. THOMASCH) This conclusion  
 17 specifically states that the evidence favors  
 18 rejection of a causal relationship between  
 19 thimerosal-containing vaccines and autism,  
 20 correct?  
 21 A. Yes.

1 Q. And you understand that autism is  
 2 defined in the study to include autistic spectrum  
 3 disorder, correct?  
 4 A. Yes.  
 5 Q. And is it your belief that that finding  
 6 is not only false but is intentionally false?  
 7 A. Oh, yeah.  
 8 Q. Now, is it your statement that Marie  
 9 McCormick knows that finding linking  
 10 thimerosal-containing vaccines to autism is  
 11 false?  
 12 A. I can't get in her head. I'm not sure  
 13 about that. I'm sure that she knows that the  
 14 report is false. But then every statement in the  
 15 report is false. I don't know what her beliefs  
 16 are, her honest beliefs are. But I know that the  
 17 report says they make no recommendation to avoid  
 18 thimerosal, and she made the recommendation to  
 19 avoid, so that's clearly false. The report says  
 20 there's no evidence of any damage and she said  
 21 there was damage. That's false. Whether she

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1 actually believes that she's not convinced that  
 2 thimerosal causes the damage, I can't say, but  
 3 it's amazing if she wouldn't be.  
 4 Q. Okay. And when you say she's made  
 5 these statements, these are statements that were  
 6 published in the Wall Street Journal subsequent  
 7 to May 18th, 2004?  
 8 A. Yes, I believe they're in one of our --  
 9 Q. In one of your notebooks?  
 10 A. Yes.  
 11 MS. OWENS: I'm sorry.  
 12 MR. THOMASCH: In one of the notebooks,  
 13 yes.  
 14 Q. (BY MR. THOMASCH) Do you believe that  
 15 Marie McCormick, the chairperson of the  
 16 committee, was of the mind that she was going to  
 17 have the committee reach the strongest possible  
 18 negative conclusion before the date of the  
 19 hearing?  
 20 A. Yeah, in fact, I won a case of Coke on  
 21 it. I bet on it before it happened and I won.

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1 Q. Do you believe that the committee --  
 2 withdrawn. Do you believe that the Immunization  
 3 Safety Review Committee decided on its own to  
 4 issue a false report or were they instructed to  
 5 do so by someone or something else?  
 6 A. Let's make it a little softer. They  
 7 were in -- they were -- the instructions for  
 8 doing this from the CDC were so restrictive that  
 9 they could find nothing else. The CDC not only  
 10 gave them the 3 and a half million dollars, but  
 11 they gave them a sheet of parameters to use, and  
 12 that incidentally has been requested under the  
 13 Freedom of Information Act and has been refused.  
 14 But it's my belief that their parameters  
 15 were so restrictive and I can't -- since I don't  
 16 have it I can't tell you exactly, but it was  
 17 something like you can't count the clinical work,  
 18 you can't count the laboratory work, you can't  
 19 count the monkey work, you can't count the tissue  
 20 culture work, you can't count anybody's  
 21 epidemiology unless they work for the government,

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1 then go find what you find. It was something  
 2 like that. It was so restrictive that you  
 3 couldn't have possibly found anything other than  
 4 what they found.

5 Q. Was that in writing?

6 A. I believe it was. In fact, they  
 7 admitted such a thing exists to Dr. Brian Hooker,  
 8 who made a Freedom of Information request. But  
 9 they say that that piece cannot be released  
 10 because it would adversely affect the findings or  
 11 something like that.

12 Q. Who is the "they" in your last answer,  
 13 when you say they have admitted that such a thing  
 14 exists?

15 A. The answer to his Freedom of  
 16 Information request came back that, I don't know  
 17 who the officer was that answers that, but the  
 18 department of Freedom of Information gave him  
 19 everything he wanted except that sheet of paper  
 20 and they said it does exist, they can't release  
 21 it.

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1 Q. Who is Dr. Brian Hooker?  
 2 A. He's a federal employee who works in  
 3 Seattle, I think, and also parent of an autistic  
 4 child, who's been very interested in this, he's  
 5 one of the thousands of people that are very  
 6 interested in this.

7 Q. Have you had contacts with him  
 8 directly?

9 A. I've spoken to him a couple of times.

10 Q. Have you seen the Freedom of  
 11 Information request that he made?

12 A. I've seen the answer. I didn't see the  
 13 request but I saw the answer.

14 Q. Is a copy of the answer in your  
 15 materials here?

16 A. I don't know. If it isn't, we'll  
 17 provide it to you.

18 Q. You would have a copy of it?

19 A. If we can find it, we'll provide it to  
 20 you. It may be in there. If we still have it,  
 21 we'll provide it to you.

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1 then go find what you find. It was something  
 2 like that. It was so restrictive that you  
 3 couldn't have possibly found anything other than  
 4 what they found.

5 Q. Was that in writing?

6 A. I believe it was. In fact, they  
 7 admitted such a thing exists to Dr. Brian Hooker,  
 8 who made a Freedom of Information request. But  
 9 they say that that piece cannot be released  
 10 because it would adversely affect the findings or  
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 13 when you say they have admitted that such a thing  
 14 exists?

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 16 Information request came back that, I don't know  
 17 who the officer was that answers that, but the  
 18 department of Freedom of Information gave him  
 19 everything he wanted except that sheet of paper  
 20 and they said it does exist, they can't release  
 21 it.

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1 Q. I would request a copy.  
 2 A. Can I make one statement on this? At  
 3 the end of this, if anything that you request  
 4 that I promised like that, if you would put it on  
 5 a memo or something and send it to plaintiff's  
 6 attorney, and then he will forward it to me,  
 7 we'll make every attempt to answer your request.

8 Q. We will send a letter on.

9 A. Thank you.

10 MR. ELLIOTT: I want the record to be  
 11 clear that we have issued a subpoena that has  
 12 requested the documents that Merck wants you to  
 13 produce. I don't want you to think that we're  
 14 giving up our request. I have not seen your  
 15 objection so I don't know to what extent you have  
 16 said we're not going to produce something or we  
 17 object. But I don't want this to be read as  
 18 only what he requested in a follow-up letter  
 19 we're not going to look at the subpoena.

20 MR. SMITH-GEORGE: But we've produced 17  
 21 notebooks and copious amounts of loose paper. We

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1 produced -- even though we object to the subpoena  
 2 we produced his entire file. So we're not  
 3 disregarding the subpoena, though we object to  
 4 the breadth of the subpoena, and I think we've  
 5 done our best to produce everything that you all  
 6 are entitled to.

7 MS. OWENS: We'll argue that another  
 8 time, but just let me state on the record, having  
 9 now looked at all these notebooks, I disagree  
 10 with you.

11 MR. SMITH-GEORGE: You can disagree all  
 12 you want. If he doesn't have it, he didn't bring  
 13 it.

14 MR. THOMASCH: I'm not going to get in a  
 15 discovery fight now. But I do believe we have a  
 16 subpoena out, I am not in a position because I  
 17 haven't had a chance to look at the 17 volumes to  
 18 evaluate whether or not you've complied with it,  
 19 but to the extent you have an objection on  
 20 overbreadth, have materials that you're not  
 21 producing because you think that what we're

1 off the video record?

2 MR. THOMASCH: We'll finish up.

3 MR. SMITH-GEORGE: Let me finish this.

4 Expert review of vaccines, we didn't produce all  
 5 of the rejections or modifications of every  
 6 publication he's ever had because he has a  
 7 problem with doing that because of the whole  
 8 double blind peer review process. And we didn't  
 9 produce some of the VSD data because he signed  
 10 confidentiality agreements with VSD, with the  
 11 HMOs. We didn't provide the VAERS data because  
 12 he signed confidentiality agreements.

13 So there are some things that we haven't  
 14 produced that when you go through the subpoena  
 15 you'll find out why we haven't produced them.  
 16 It's not because we're maintaining -- the reason  
 17 why they're not being produced is because there  
 18 is a confidentiality reason why we can't produce  
 19 them.

20 MR. THOMASCH: That I would ask, the  
 21 specifics of what is being withheld under the

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1 asking is overly broad, I do think we need to  
 2 clarify that and have a meet and confer on it if  
 3 necessary. You may have an objection but you're  
 4 actually not withholding materials because of  
 5 that objection, that's a different situation.

6 MR. SMITH-GEORGE: That's what my  
 7 position is. We've produced everything that's in  
 8 his files despite our objection.

9 MR. THOMASCH: Judge Ward has just made  
 10 it very, very clear that we need to make clear  
 11 when an objection is made, whether or not things  
 12 were withheld because of the objection.

13 MR. SMITH-GEORGE: We're not  
 14 withholding any documents that I know of. You  
 15 can go through your subpoena request if you want  
 16 to, and there may be, one thing I know -- I say  
 17 we're not withholding anything. There was one  
 18 request for all documents related to any  
 19 rejections of articles. We did bring one  
 20 regarding the review --

21 MS. OWENS: Excuse me, can we do this

1 grounds of confidentiality be identified to us so  
 2 we know what we're talking about and then we can  
 3 deal with each other in the first instance and  
 4 the Court if necessary thereafter.

5 MR. SMITH-GEORGE: Let me just clarify  
 6 for the record, I have no objection to producing  
 7 that material if the defendants get the agreement  
 8 from the VSD, the HMOs, the IRBs, and all the  
 9 people that he signed confidentiality agreements  
 10 with saying he wouldn't produce that material.

11 MS. OWENS: Excuse me, has he brought  
 12 with him today those confidentiality agreements?

13 MR. THOMASCH: That was my question.

14 MR. SMITH-GEORGE: No, he has not.

15 MR. THOMASCH: All right. I would ask  
 16 for the production of those confidentiality  
 17 agreements so we understand what restrictions  
 18 there may be and what process one may need to go  
 19 through.

20 Q. (BY MR. THOMASCH) Do you have any  
 21 understanding or opinion as to who at the CDC

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1 made the decision to put restrictions on the type  
2 of evidence that the Immunization Safety Review  
3 Committee could and could not accept?

4 A. Yeah, it's this vaccine group at the  
5 CDC, the immunization group at the CDC. It's a  
6 group of relatively small number of people, I  
7 don't know, 15, that -- and when I say CDC  
8 throughout this deposition, that's who I mean.

9 Q. Okay, can you --

10 A. I don't have a problem with the CDC in  
11 general. In fact, there are many, many people in  
12 the CDC who agree with me. I have a problem with  
13 this small group of vaccine -- the vaccine  
14 immunization group at the CDC.

15 Q. All right. Now, there is a national  
16 immunization program at the CDC; are you familiar  
17 with that?

18 A. Yeah, that's who I mean.

19 Q. That's who you mean?

20 A. Yes.

21 Q. Are there any individuals there who you

1 can identify by name that you believe are  
2 involved in this?

3 A. Robert Chen, Brenier, Destefano, those  
4 are the three that come to mind immediately from  
5 that program.

6 Q. And --

7 A. A little more peripherally, Robert  
8 Davis.

9 Q. Now, going back to Exhibit 15, and  
10 looking at the committee, you have indicated that  
11 you know of Marie McCormick. Who else do you  
12 know of?

13 A. Well, on the second page of the thing is  
14 Richard Johnston, he's a particularly  
15 interesting person to have on the committee. He  
16 was at Simpsonwood. He's the gentleman who on  
17 the Simpsonwood transcript said that he wouldn't  
18 give the vaccine to his children, a  
19 thimerosal-containing vaccine to his children,  
20 but he didn't want to tell the rest of the world  
21 about it. I think that would disqualify him if I

1 were putting together a committee that was  
2 supposed to have no previous knowledge of this.  
3 He sat through two days of the Simpsonwood  
4 hearings where they discussed their own findings  
5 that showed an association and discussed how they  
6 were going to make this association go away and  
7 how this should never get out and how there  
8 should be a secret meeting. I don't think he can  
9 be qualified.

10 Q. This committee, you indicated you have  
11 testified before this committee on five  
12 occasions, correct?

13 A. Six now, I believe. This was the fifth  
14 one.

15 Q. Six, and only one of those pertained to  
16 thimerosal and autism; is that correct?

17 A. Well, the sixth one had sort of an odd  
18 pertaining to thimerosal. The sixth one, which  
19 happened after the February one, was on why are  
20 they going to come out and why are they going to  
21 say we can't see the VSD data. We all know -- it

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1 can identify by name that you believe are  
2 involved in this?

3 A. Robert Chen, Brenier, Destefano, those  
4 are the three that come to mind immediately from  
5 that program.

6 Q. And --

7 A. A little more peripherally, Robert  
8 Davis.

9 Q. Now, going back to Exhibit 15, and  
10 looking at the committee, you have indicated that  
11 you know of Marie McCormick. Who else do you  
12 know of?

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14 Richard Johnston, he's a particularly  
15 interesting person to have on the committee. He  
16 was at Simpsonwood. He's the gentleman who on  
17 the Simpsonwood transcript said that he wouldn't  
18 give the vaccine to his children, a  
19 thimerosal-containing vaccine to his children,  
20 but he didn't want to tell the rest of the world  
21 about it. I think that would disqualify him if I

1 hasn't come out but I'll make a prediction on the  
2 record, they're going to come out with some  
3 excuse why we should not be allowed to see their  
4 data, and there's a 7th one that going to come  
5 out that says why we can't use the intermediate  
6 data sets and all those memos inside that say  
7 that they agree with us. They really are busy  
8 beavers trying to use the IOM to cover their tail  
9 and it doesn't work.

10 MS. OWENS: Motion to strike. The  
11 answer is nonresponsive to the question.

12 Q. (BY MR. THOMASCH) All right. The -- so  
13 the two times that you've had testimony that  
14 somehow relates to the question of  
15 thimerosal-containing vaccines and autism are  
16 both in 2004, correct?

17 A. Yes.

18 Q. The preceding times related to other  
19 issues?

20 A. Yes, DTP and other -- and VAERS, other  
21 issues, other vaccine issues.

<p style="text-align: right;">Page 250</p> <p>1 Q. And the committee goes back how far, do 2 you know?</p> <p>3 A. With me or -- the earliest one I know on 4 vaccines was in 1985 when they recommended 5 removal of whole-cell DTP. That's the first one 6 I'm aware of. There may have been others before 7 that.</p> <p>8 Q. Do you know whether some of the 9 individuals currently on the committee were 10 previously on the committee in connection with 11 those other reports?</p> <p>12 A. Other than staffers, I think this is a 13 new committee.</p> <p>14 Q. Do you know when this committee was 15 appointed?</p> <p>16 A. Yeah, about three or four years ago. 17 They've had a whole series of hearings on 18 vaccines, all of which say the same thing. 19 Vaccines cause nothing, vaccines cause nothing, 20 and you know what else, vaccines cause nothing.</p> <p>21 Q. Do you think that these individuals were</p>	<p style="text-align: right;">Page 252</p> <p>1 them about; is that correct?</p> <p>2 A. I've not been shy about it, nor has the 3 Congressman nor has the Office of Independent 4 Counsel, nor has the Inspector General. They've 5 all been very vocal about saying this report 6 notwithstanding, we better investigate for 7 possible criminal action as well as complete 8 mishandling of the vaccines, and we gave you 9 those memos.</p> <p>10 MS. OWENS: Objection to the 11 responsiveness.</p> <p>12 Q. I want to read to you one sentence out 13 of the February 9th, 2004 transcripts of your 14 remarks, and ask you if you remember making the 15 statement. The statement at page 182 of the 16 transcript is, quote, what is occurring here is a 17 cover-up under the guise of protecting the 18 vaccine program. Do you recall that?</p> <p>19 A. Yeah, and I'm for the vaccine program, 20 and if you keep covering it up you're not going 21 to have a vaccine program. And I'm pleading with</p>
<p style="text-align: right;">Page 251</p> <p>1 selected because they had that point of view or 2 were they fair-minded individuals who were then 3 either constrained to come to out with that view 4 or told to come out with that view?</p> <p>5 A. I don't know which of the two, but one 6 of the two. Because the things they've come out 7 with, in addition to this, things that I'm not 8 even necessarily related to are outrageous and 9 have later been shown by numerous subsequent work 10 to be wrong.</p> <p>11 Q. So for whatever the reason, in your 12 opinion, the current composition of the 13 Immunization Safety Review Committee is not a 14 group of fair-minded objective scientists whose 15 work product reflects their honest beliefs as 16 scientists; is that correct?</p> <p>17 A. Yeah, it hasn't worked. We haven't 18 gotten an honest hearing. Which is not what I 19 would say about some of the earlier ones.</p> <p>20 Q. All right. Now, that position is a 21 position that you haven't been shy about telling</p>	<p style="text-align: right;">Page 253</p> <p>1 them don't kill the vaccine program, come out, 2 come clean. That's what I'm saying.</p> <p>3 Q. I'm trying to understand, the cover-up 4 is the product of direction from the national 5 immunization program of the CDC?</p> <p>6 A. Funded and influenced by the vaccine 7 companies as well as the American Academy of 8 Pediatrics funded and influenced by the vaccine 9 manufacturers as well as the Brighton members 10 funded and influenced by the vaccine 11 manufacturers, yes.</p> <p>12 Q. And do you view the European agency, the 13 EMEC, as part of the same cover-up or simply 14 involved in its own separate cover-up that 15 happens to have the same result?</p> <p>16 A. There's an overlap. I mean, 17 historically they actually came to the CDC and we 18 have -- we've provided you with documents with 19 that saying they were the reason why the 1999 20 recall, the announcement that you showed me came 21 about was the Europeans said you better do this,</p>

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1 and they got them going on it. So they know  
2 about it.

3 But on the other hand, they also have  
4 some culpability. Even though a lot of their  
5 members have outlawed thimerosal, they still have  
6 a problem that some of their members still have  
7 thimerosal and they're not going to come out and  
8 say that thimerosal caused damage. They have a  
9 parallel, an overlapping causation reasons.

10 Q. You referred to yourself as a, quote,  
11 independent researcher, correct?

12 A. Yes.

13 Q. Do you recognize the name Margaret  
14 Bauman?

15 A. Yes.

16 Q. Who is Margaret Bauman?

17 A. She's a pediatrician, I believe, who  
18 published a paper in Pediatrics. When we  
19 published our paper in the Journal of American  
20 Physicians and Surgeons, the American Academy of  
21 Pediatrics attacked us viciously in an unsigned

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1 website piece, and one of the things they quoted  
2 was her paper, and one of the things they said in  
3 the attack on us was why we didn't comment, if  
4 we're so knowledgeable in the field, why didn't  
5 we comment on her paper. It was published after  
6 ours. I don't have a time machine is the reason.  
7 She basically in that piece said there is no  
8 autism epidemic and ethylmercury and  
9 methylmercury, ethylmercury bad, ethylmercury  
10 good. Those are both indefensible from  
11 scientific literature.

12 MS. OWENS: Objection to the  
13 responsiveness of the answer. Please confine  
14 yourself to --

15 THE DEONENT: That's what he asked me.  
16 And I tried to answer it.

17 Q. (BY MR. THOMASCH) Is Margaret Bauman  
18 affiliated with the child's -- children's  
19 neurology service of Harvard Medical School?

20 A. I believe so.

21 Q. Do you recognize Karen B. Nelson?

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1 A. That's the other author, Nelson and  
2 Bauman were the two that wrote those, yes.  
3 Q. All right. Do you understand her to be  
4 from the neuroepidemiology branch of the  
5 National Institute of Neurological Disorders and  
6 Stroke?

7 A. Yes.

8 Q. Do you need a break?

9 A. Sorry.

10 Q. Would you like some water?

11 A. I've got my Diet Coke.

12 MR. THOMASCH: Let me have marked as  
13 Exhibit 16 an article coauthored by Drs. Nelson  
14 and Bauman.

15 (Deposition Exhibit No. 16, article  
16 by Drs. Nelson and Bauman entitled thimerosal and  
17 Autism, was marked.)

18 Q. (BY MR. THOMASCH) Now, in asking you  
19 if you knew who Margaret Bauman was, you made  
20 reference to an article. Is Exhibit 16 the  
21 article to which you were referring?

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1 A. Is this one from Pediatrics?

2 Q. Yes.

3 A. Yes, this is it. I believe this is  
4 correct, yes, sir.

5 Q. Do you know how long Dr. Bauman has  
6 been involved in the scientific study of autism?

7 A. For some time. I don't know how long.

8 But many years.

9 Q. Do you consider her a, quote,  
10 independent researcher?

11 A. I don't know. I don't know enough  
12 about her funding sources at the moment to make a  
13 comment on that. I can only comment that her  
14 opinions as expressed in this paper are  
15 laughable. There's no epidemic, it's increased  
16 diagnosis? That's absurd.

17 Q. All right. You indicated that they  
18 were laughable. At the time they were published,  
19 and this indicates that it was accepted for  
20 publication December 2, 2002, and copyrighted in  
21 2003, do you see that on the first page?

<p style="text-align: right;">Page 282</p> <p>1 biological surveillance summaries of the CDC;      2 right?      3 A. Yes.      4 Q. Exhibit 18 is a document that is a      5 medical article that you authored; correct?      6 MR. SMITH-GEORGE: The paragraph here's      7 talking about DTaP and DTP? And what you handed      8 to him is an article about MMR.      9 MR. THOMASCH: I think it's part about      10 the MMR, but also in part about      11 thimerosal-containing vaccines. It's both.      12 THE DEPONENT: I interpreted that      13 comment, that slanderous comment to apply to all      14 of our papers, all of our papers involving      15 comparing thimerosal-containing vaccines, DTaPs,      16 to nonthimerosal-containing, so that would be the      17 paper in Experimental Biology and Medicine, the      18 paper in the Journal of American Physicians and      19 Surgeons, I think this one, the Journal of      20 Pediatric Rehabilitation. There may be some      21 more. If you want more I'll look at my CV. I</p>	<p style="text-align: right;">Page 284</p> <p>1 down the page, Geier, DA, Geier, MR, 2004-A. Do      2 you see that reference on page 157 of the IOM      3 report? The page numbers are on the upper      4 right-hand column.      5 MR. SMITH-GEORGE: Just to make your      6 life easier.      7 Q. (BY MR. THOMASCH) Happy to show you      8 the book if you want.      9 A. Okay.      10 Q. 157, in the Geier and Geier articles, it      11 would be the fifth one.      12 A. Okay.      13 Q. Do you see what is being referred to      14 there as 2004-A there?      15 A. Yes.      16 Q. That article is what has now been marked      17 as Exhibit 18, is it not?      18 A. Yes.      19 Q. All right. Now let's go back to page 55      20 of the IOM report discussing Exhibit 18?      21 A. Okay.</p>
<p style="text-align: right;">Page 283</p> <p>1 think it applied to all of them. It's certainly      2 true of all of them. If I did not have that      3 information I could not have done the      4 calculations on any of those.      5 Q. (BY MR. THOMASCH) Let me take you back      6 to Exhibit 15, which is the 2004 IOM report.      7 A. Okay.      8 Q. Would you turn to page 55, please?      9 A. Okay.      10 Q. Within the section of epidemiologic      11 studies that begins at page 53, do you see where      12 on page 55 there is a discussion of studies from      13 the United States?      14 A. Yes.      15 Q. The first study referenced is Geier and      16 Geier, 2004-A, correct?      17 A. Yes.      18 Q. Now, if you turn to page 157 of the      19 exhibit, of the IOM report?      20 A. Yes.      21 Q. You will see about a third of the way</p>	<p style="text-align: right;">Page 285</p> <p>1 Q. The IOM report says that Geier and      2 Geier examined the hypothesized association      3 between exposure to TCVs -- that's      4 thimerosal-containing vaccines, correct?      5 A. Yes.      6 Q. -- and autism using data on distributed      7 vaccine doses from the CDC's biological      8 surveillance surveys (BSS) and case loads of      9 children with autism who are enrolled in special      10 education programs in the U.S. Department of      11 Education (DOE) reports, do you see that?      12 A. Yes.      13 Q. Now it discusses that article and the      14 results that you have there, correct?      15 A. Yes.      16 Q. And on the carry-over discussion on      17 page 56, at the end of the paragraph that carried      18 over from 55, it states, does it not, that      19 because the BSS only provides aggregate data on      20 doses distributed, it is not possible to      21 determine individual level exposures. Do you see</p>

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1 A. Yes.

2 Q. Is it your view that the statements in  
3 that regard and the conclusions reached by the  
4 authors are patently inaccurate?

5 A. Yeah, they either didn't look them up on  
6 Medline or they didn't read them or they didn't  
7 want to hear about it. Because, again, papers  
8 are papers. I didn't publish them. They've been  
9 published all over the world in all sorts of  
10 animal and human systems. It doesn't hold up.  
11 There are just so many papers that it doesn't  
12 hold up. You can't just simply declare that  
13 they're different when there are 20 to 30 papers  
14 in pigs and cows and sheep and mice and rats and  
15 monkeys and humans and anything else I'm sure I  
16 left out, like I like to call it, ants to  
17 elephants, it's been shown.

18 Q. Are you familiar with the phrase  
19 peer-reviewed literature?

20 A. Yes, I am.

21 Q. And peer-reviewed journals?

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1 A. Yes, I am.

2 Q. Is Pediatrics, within which the Bauman  
3 and Nelson article was published, a peer-reviewed  
4 journal?

5 A. Yes, it is.

6 Q. What does that mean?

7 A. It means that the articles are  
8 submitted double blind, if they do it correctly,  
9 to people that the journal picks out to be  
10 experts, and they recommend changes and/or  
11 whether the article should be accepted with  
12 changes, without changes, whatever. I'm not  
13 sure, incidentally, if this is a peer-reviewed  
14 article. I'm not saying it isn't. But many  
15 journals' commentary are not peer-reviewed. They  
16 may be editorial reviewed. So I don't know if it  
17 is or isn't. Some journals peer-review  
18 commentary, some journals don't peer-review  
19 commentary. I'm not criticizing that, by the  
20 way, but just for the point, I'm not sure this  
21 was a peer-reviewed article.

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1 Q. Let me briefly go back to the IOM 2004  
2 report, Exhibit 15, page little Roman numeral 7,  
3 do you see there, the reviewers?

4 A. Yes.

5 Q. Do you understand that those  
6 individuals were asked to review the report  
7 before it issued?

8 A. Yes.

9 Q. And in fact played the role in a sense  
10 of the peer reviewers?

11 A. Yes, and I have problems with who's on  
12 that list as well.

13 Q. And what problems do you have in that  
14 regard, just briefly?

15 A. Well, we've got Neil Halsey, he's the  
16 gentleman who in the, what I call the hepatitis  
17 review -- hepatitis control article said he's not  
18 leaving until the companies and the CDC and the  
19 FDA agree to announce the damage they've done to  
20 the children and to announce to every  
21 pediatrician and every doctor. He's also the one

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1 that said in the New York Times, if I had been  
2 able to calculate the amount of thimerosal in  
3 micrograms, I would have never let this happen.  
4 He's also the one that attacked the Verstraeten  
5 article. But he's also the one that on many  
6 occasions has defended and tried to hide what's  
7 going on here.

8 So he's sort of a fence-sitter, but he's  
9 not a disinterested party. He's the head of an  
10 institute at Johns Hopkins that's supposed to be  
11 vaccine safety which he claims is independent,  
12 but was set up totally on money provided by the  
13 vaccine manufacturers, as he said in his sworn  
14 testimony. I happened to have been there at the  
15 time.

16 Q. Do you know who selected these  
17 reviewers to peer-review the IOM report before it  
18 was issued?

19 A. No.

20 Q. Do you believe these individuals were  
21 picked because of preexisting views that were

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1 that?

2 A. Yes.

3 Q. Criticism was made about that data and  
4 your use of that surveillance data by the IOM as  
5 well as by Dr. Parker; is that correct?

6 A. I don't read it that way. I read that  
7 you can say that you don't know the individual  
8 exposures. But that's not what they said. They  
9 said we don't have the denominators. Maybe they  
10 meant to say that. Maybe I should be angry at  
11 the IOM too. But I didn't read it that way. I  
12 read it they wanted individual exposures, like  
13 you go and look at each case. And that's true,  
14 we didn't look at each case. What the Pediatrics  
15 paper says is we didn't have the denominators.

16 Q. Okay. So that you consider to be a lie?

17 A. That's a straight out lie.

18 Q. Bear with me. If we go to page 57 of  
19 the IOM report, the first full paragraph relating  
20 to your studies says, the IOM says, these studies  
21 are characterized by serious methodological

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1 IOM, do you understand them to be reasonably  
2 disputing the methodology as they understand it,  
3 or attempting to disparage you and not have  
4 people pay attention to you by claiming there are  
5 methodological problems that they know are not  
6 true?

7 A. I don't take that personally. They said  
8 that about every single person that caused a  
9 link. That's another thing that's ridiculous in  
10 this. They said it about Haley, they said it  
11 about Bradstreet, they just went down the whole  
12 list of everybody that came and they said their  
13 methodology has problems and over here we have  
14 the studies sponsored by the drug companies, and  
15 those are fine, and by the way, they have  
16 methodological problems that are unbelievable.  
17 We counted inpatient, outpatient they lost  
18 people out of the link, the registry.

19 MR. THOMASCH: We're losing the tape.

20 MR. ELLIOTT: Objection, nonresponsive.

21 THE VIDEOGRAPHER: The time is now 3:20

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1 problems; do you see that?

2 A. Yes.

3 Q. Are you familiar with that criticism of  
4 your work?

5 A. Yes.

6 Q. Do you believe that criticism was  
7 dishonest?

8 A. Yes.

9 Q. All right. We're running out of time on  
10 the tape.

11 A. But not slanderous. They're entitled  
12 to the opinion that our methods are not very  
13 good. They're not entitled to tell people we're  
14 lying. There's a difference, as I tried to  
15 explain to you before you showed me this. You  
16 can say that you don't agree with it, that you  
17 think that there are flaws in our methods but --

18 Q. Do you think --

19 A. -- you can't say that we don't have that  
20 data we said we have.

21 Q. The question I have for you is on the

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1 p.m. We are now off the record.

2 (A recess was taken from 3:20 p.m.

3 to 3:38 p.m.)

4 MR. THOMASCH: Before we go on the  
5 videographic record I want to note something on  
6 the stenographic record. While we took a brief  
7 break counsel for all of the other defendants  
8 approached me with regard to the timing issues  
9 we're faced with. None have asked me to stop  
10 examining the witness on the subject matter. It  
11 is subject matter that they also believe we need  
12 to examine the witness on.

13 On the other hand, they have all made  
14 clear to me that they have individual areas of  
15 concern particular questions on studies and on  
16 matters referenced in Dr. Geier's report that  
17 they are extremely interested in asking and then  
18 indeed they wish to review manufacturers'  
19 specific documents and ask documents that relate  
20 to their particular client. We are in something  
21 of a dilemma because from our perspective there

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1 is woefully insufficient time to thoroughly  
 2 examine or even appropriately in any way examine  
 3 this witness given the scope of the expert  
 4 deposition and the amount of materials at issue  
 5 before us.

6 We will at the conclusion of the seven  
 7 hours of course break for the day. We will ask  
 8 for plaintiff's counsel's stipulation to  
 9 continue and we will seek a remedy from the Court  
 10 if we can't reach an agreement. But I do want at  
 11 least to put on the record that in moving  
 12 forward, I do so cognizant of the fact that our  
 13 co-defendants, my co-defendants have not yet had  
 14 an opportunity to question, and I am not  
 15 intending, that they have not delegated to me the  
 16 right to ask questions about their clients or  
 17 their particular concerns whatsoever. And so  
 18 we're simply faced with a time crush at the  
 19 moment that I'll note on the record without  
 20 expecting that we'll solve it as we sit here  
 21 today.

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1 MR. SMITH-GEORGE: I can guarantee we  
 2 will not solve it. It is the plaintiff's  
 3 position that the rules of court allow you seven  
 4 hours. It's up to the defendants how you  
 5 allocate that time. If you want additional time,  
 6 I suggest you need to ask the Court for it,  
 7 because the plaintiffs are not going to  
 8 stipulate.

9 MR. THOMASCH: We will ask the Court.  
 10 All right. Let's go back on the record.

11 MR. SMITH-GEORGE: And we'll oppose.  
 12 THE VIDEOGRAPHER: The time is now  
 13 3:41. We are now on the record. This is the  
 14 beginning of videotape No. 4.

15 MR. THOMASCH: Ask the reporter to mark  
 16 as our next exhibit a document bearing the  
 17 caption Michael Skevofilax versus Aventis  
 18 Pasteur, Inc., plaintiff's expert witness  
 19 designation.

20 (Deposition Exhibit No. 19,  
 21 plaintiff's expert's witness designation in

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1 Skevofilax vs. Aventis Pasteur case, was  
 2 marked.)

3 Q. (BY MR. THOMASCH) Dr. Geier, you've  
 4 been provided what has been marked as Exhibit 19,  
 5 which is plaintiff's expert witness designation  
 6 in the Skevofilax case pending in the Circuit  
 7 Court for Baltimore City. I will represent to  
 8 you that this document was served upon the  
 9 defendants more than a month ago, specifically on  
 10 the 7th of October 2004. When were you first  
 11 retained by Mr. Waters in any case?

12 A. I think we established that before on  
 13 that cover letter.

14 Q. What was the date on that?

15 A. I don't recall. I don't even know  
 16 where it is. I don't want to waste your precious  
 17 time looking for it.

18 Q. Well, that's fine. I think  
 19 that's --

20 MR. SMITH-GEORGE: Let me clarify for  
 21 the record that the document that was handed to

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1 me, the certificate of service is October 7th,  
 2 2004.

3 MR. THOMASCH: I intended to say that.  
 4 Did I say something different?

5 MR. SMITH-GEORGE: You said September.  
 6 MR. THOMASCH: October 7th, more than  
 7 one month ago.

8 MS. WOODBURY: It's the stack of  
 9 e-mails, I think it's over there, it's the thing  
 10 that has the bibliography, I think that's it.

11 MR. SMITH-GEORGE: That's it in your  
 12 hand.

13 Q. (BY MR. THOMASCH) What exhibit is  
 14 that, sir?

15 A. Five.

16 Q. Exhibit 5, what is the date on the  
 17 e-mail?

18 A. This doesn't seem to be the e-mail for  
 19 asking me to be a witness. Am I reading it  
 20 wrong?

21 MR. SMITH-GEORGE: Yeah, that's it.

<p>1 is woefully insufficient time to thoroughly      2 examine or even appropriately in any way examine      3 this witness given the scope of the expert      4 deposition and the amount of materials at issue      5 before us.</p> <p>6 We will at the conclusion of the seven      7 hours of course break for the day. We will ask      8 for plaintiff's counsel's stipulation to      9 continue and we will seek a remedy from the Court      10 if we can't reach an agreement. But I do want at      11 least to put on the record that in moving      12 forward, I do so cognizant of the fact that our      13 co-defendants, my co-defendants have not yet had      14 an opportunity to question, and I am not      15 intending, that they have not delegated to me the      16 right to ask questions about their clients or      17 their particular concerns whatsoever. And so      18 we're simply faced with a time crush at the      19 moment that I'll note on the record without      20 expecting that we'll solve it as we sit here      21 today.</p>	<p>Page 290</p> <p>1 Skevofilax vs. Aventis Pasteur case, was      2 marked.)</p> <p>3 Q. (BY MR. THOMASCH) Dr. Geier, you've      4 been provided what has been marked as Exhibit 19,      5 which is plaintiff's expert witness designation      6 in the Skevofilax case pending in the Circuit      7 Court for Baltimore City. I will represent to      8 you that this document was served upon the      9 defendants more than a month ago, specifically on      10 the 7th of October 2004. When were you first      11 retained by Mr. Waters in any case?</p> <p>12 A. I think we established that before on      13 that cover letter.</p> <p>14 Q. What was the date on that?</p> <p>15 A. I don't recall. I don't even know      16 where it is. I don't want to waste your precious      17 time looking for it.</p> <p>18 Q. Well, that's fine. I think      19 that's --</p> <p>20 MR. SMITH-GEORGE: Let me clarify for      21 the record that the document that was handed to</p>
<p>1 MR. SMITH-GEORGE: I can guarantee we      2 will not solve it. It is the plaintiff's      3 position that the rules of court allow you seven      4 hours. It's up to the defendants how you      5 allocate that time. If you want additional time,      6 I suggest you need to ask the Court for it,      7 because the plaintiffs are not going to      8 stipulate.</p> <p>9 MR. THOMASCH: We will ask the Court.      10 All right. Let's go back on the record.</p> <p>11 MR. SMITH-GEORGE: And we'll oppose.      12 THE VIDEOGRAPHER: The time is now      13 3:41. We are now on the record. This is the      14 beginning of videotape No. 4.</p> <p>15 MR. THOMASCH: Ask the reporter to mark      16 as our next exhibit a document bearing the      17 caption Michael Skevofilax versus Aventis      18 Pasteur, Inc., plaintiff's expert witness      19 designation.</p> <p>20 (Deposition Exhibit No. 19,      21 plaintiff's expert's witness designation in</p>	<p>Page 291</p> <p>1 me, the certificate of service is October 7th,      2 2004.</p> <p>3 MR. THOMASCH: I intended to say that.      4 Did I say something different?</p> <p>5 MR. SMITH-GEORGE: You said September.      6 MR. THOMASCH: October 7th, more than      7 one month ago.</p> <p>8 MS. WOODBURY: It's the stack of      9 e-mails, I think it's over there, it's the thing      10 that has the bibliography, I think that's it.</p> <p>11 MR. SMITH-GEORGE: That's it in your      12 hand.</p> <p>13 Q. (BY MR. THOMASCH) What exhibit is      14 that, sir?</p> <p>15 A. Five.</p> <p>16 Q. Exhibit 5, what is the date on the      17 e-mail?</p> <p>18 A. This doesn't seem to be the e-mail for      19 asking me to be a witness. Am I reading it      20 wrong?</p> <p>21 MR. SMITH-GEORGE: Yeah, that's it.</p>

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1 A. Yes.

2 Q. At that time, do you believe that these  
3 opinions could have been the product of an  
4 honest review of the medical literature and a  
5 fair analysis according to this individual  
6 author's opinions?

7 A. Could have been honest. I don't know  
8 her motivation. I just know the opinion is, you  
9 know, not supported by the scientific fact, and  
10 in fact, you could take a nonscientist off the  
11 street and know that it's not true, go to any  
12 school and see it's not true.

13 Q. Looked at this way, if this is an  
14 honest opinion as of this date as set forth in  
15 Exhibit 16, does it reflect severe incompetence  
16 on the part of the author?

17 A. Yes.

18 Q. So either the author is severely  
19 incompetent but honest, dishonest, or a  
20 combination of the two?

21 A. Yes.

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1 A. Yes.

2 Q. In particular the article indicates  
3 that the symptoms of autism and the symptoms of  
4 mercury poisoning are dissimilar; is that  
5 correct?

6 A. In three of them or something, they  
7 argue with three or four out of the hundred.  
8 They don't dispute the other 96 that Redwood and  
9 her authors reported. In fact, I use that in my  
10 talk, in fact, I try to be fair. When I show the  
11 hundred or so symptoms I always say that if  
12 Pediatrics was here, American Academy, they would  
13 say they dispute four of them, so I'll buy that  
14 and say it's only similar 96 out of a hundred.  
15 It's part of my talk. I don't think they're  
16 right, but it's overwhelming the similarities  
17 between the two. That incidentally doesn't prove  
18 it. I've always said that. But they're  
19 overwhelming.

20 Q. Does their observation to the contrary  
21 reflect either dishonesty or incompetence?

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1 Q. But a competent, fair-minded and expert  
2 author could not come to these conclusions at the  
3 date of this article; is that your testimony?

4 A. Yeah, you could not come to the  
5 conclusion there's no autism epidemic. It's been  
6 published out of the state of California by their  
7 own services. It's been published in JAMA. It's  
8 been published in Pediatrics. And you don't have  
9 to publish because you can look at any education  
10 department statistics, you can go to any school,  
11 there are schools now reporting more buses with  
12 handicapped children than normal children. This  
13 epidemic cannot be swept under the rug. This is  
14 the greatest iatrogenic epidemic that has ever  
15 occurred and it will not be swept under the rug.  
16 And you can't take that position.

17 MR. ELLIOTT: Objection, nonresponsive.  
18 Q. (BY MR. THOMASCH) All right. The  
19 article goes well beyond a discussion of whether  
20 there is or is not an epidemic of autism, does it  
21 not?

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1 A. No, I think they may honestly believe  
2 that those four are slightly different, and maybe  
3 they are, as I said.

4 Q. They weren't purporting to limit their  
5 analysis to those, were they?

6 A. What they're trying to do in this paper  
7 is convince you that the autism epidemic was not  
8 caused by the vaccines. That is incompetent or  
9 bought off or a combination thereof. The  
10 evidence of the association between the two is so  
11 overwhelming, as I said in the statement you  
12 quoted before, it's not -- there's no scientific  
13 dispute here. All that's going on here is just  
14 the cover-up. And you guys are protecting the  
15 vaccine program and if you keep covering it up,  
16 you're not going to have a vaccine program.

17 MR. ELLIOTT: Objection, nonresponsive.  
18 Q. (BY MR. THOMASCH) Are you aware of the  
19 discussion in the Bauman and Nelson paper with  
20 respect to similarities or differences between  
21 ethylmercury and methylmercury?

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1 A. Yes.  
2 Q. Is it your view that the statements in  
3 that regard and the conclusions reached by the  
4 authors are patently inaccurate?

5 A. Yeah, they either didn't look them up on  
6 Medline or they didn't read them or they didn't  
7 want to hear about it. Because, again, papers  
8 are papers. I didn't publish them. They've been  
9 published all over the world in all sorts of  
10 animal and human systems. It doesn't hold up.  
11 There are just so many papers that it doesn't  
12 hold up. You can't just simply declare that  
13 they're different when there are 20 to 30 papers  
14 in pigs and cows and sheep and mice and rats and  
15 monkeys and humans and anything else I'm sure I  
16 left out, like I like to call it, ants to  
17 elephants, it's been shown.

18 Q. Are you familiar with the phrase  
19 peer-reviewed literature?

20 A. Yes, I am.

21 Q. And peer-reviewed journals?

1 Q. Let me briefly go back to the IOM 2004  
2 report, Exhibit 15, page little Roman numeral 7,  
3 do you see there, the reviewers?

4 A. Yes.

5 Q. Do you understand that those  
6 individuals were asked to review the report  
7 before it issued?

8 A. Yes.

9 Q. And in fact played the role in a sense  
10 of the peer reviewers?

11 A. Yes, and I have problems with who's on  
12 that list as well.

13 Q. And what problems do you have in that  
14 regard, just briefly?

15 A. Well, we've got Neil Halsey, he's the  
16 gentleman who in the, what I call the hepatitis  
17 review -- hepatitis control article said he's not  
18 leaving until the companies and the CDC and the  
19 FDA agree to announce the damage they've done to  
20 the children and to announce to every  
21 pediatrician and every doctor. He's also the one

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1 A. Yes, I am.  
2 Q. Is Pediatrics, within which the Bauman  
3 and Nelson article was published, a peer-reviewed  
4 journal?

5 A. Yes, it is.

6 Q. What does that mean?

7 A. It means that the articles are  
8 submitted double blind, if they do it correctly,  
9 to people that the journal picks out to be  
10 experts, and they recommend changes and/or  
11 whether the article should be accepted with  
12 changes, without changes, whatever. I'm not  
13 sure, incidentally, if this is a peer-reviewed  
14 article. I'm not saying it isn't. But many  
15 journals' commentary are not peer-reviewed. They  
16 may be editorial reviewed. So I don't know if it  
17 is or isn't. Some journals peer-review  
18 commentary, some journals don't peer-review  
19 commentary. I'm not criticizing that, by the  
20 way, but just for the point, I'm not sure this  
21 was a peer-reviewed article.

1 that said in the New York Times, if I had been  
2 able to calculate the amount of thimerosal in  
3 micrograms, I would have never let this happen.  
4 He's also the one that attacked the Verstraeten  
5 article. But he's also the one that on many  
6 occasions has defended and tried to hide what's  
7 going on here.

8 So he's sort of a fence-sitter, but he's  
9 not a disinterested party. He's the head of an  
10 institute at Johns Hopkins that's supposed to be  
11 vaccine safety which he claims is independent,  
12 but was set up totally on money provided by the  
13 vaccine manufacturers, as he said in his sworn  
14 testimony. I happened to have been there at the  
15 time.

16 Q. Do you know who selected these  
17 reviewers to peer-review the IOM report before it  
18 was issued?

19 A. No.

20 Q. Do you believe these individuals were  
21 picked because of preexisting views that were

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